

<b>FOR OFFICE USE ONLY</b>			
Received: _____	Check # _____	Amount: _____	Health Form: _____



# REGISTRATION

## 2020 New Castle County 4-H Summer Camp



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**The following information is for recordkeeping purposes only.**

**Birth date:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade Completed June 2020:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ Female \_\_\_\_\_ Male      **Hispanic:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Please circle child's race(s):** Asian    White    Black    American Indian    Hawaiian & Pacific Islander

**Are you a 4-H'er?** \_\_\_\_\_ Yes \_\_\_\_\_ No      **If Yes, Club Name:** \_\_\_\_\_

**Circle Where You Live:** Farm    Rural    Town    Suburb    City

\_\_\_\_\_ I authorize the University of Delaware Cooperative Extension to record and photograph my image and/or voice for use in research, educational & promotional programs.

**Please check the camp(s) for which you are registering.**

**June 22-26, 2020**

- \_\_\_\_\_ Cloverbud 4-H Day Camp\*, 8:30am-4:30pm, UD Townsend Hall, ages 5-7, Cost \$200.00
  - \_\_\_\_\_ Newark 4-H Day Camp\*, 8:30am-4:30pm, UD Townsend Hall, ages 8-12, Cost \$200.00
  - \_\_\_\_\_ Counselor-In-Training (CIT) Camp, 8:30am-4:30pm, UD Townsend Hall, ages **13-15\***, Cost \$180.00
- \* must be 13 by May 30, 2020*

**August 10-14, 2020**

- \_\_\_\_\_ 4-H Animal Science Day Camp\*, 8:30am-4:30pm, UD Townsend Hall, ages 8-12, Cost \$250.00

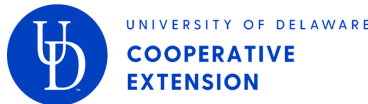
***Mail registration and health form to: UD Cooperative Extension, 4-H Day Camp, 461 Wyoming Rd., Newark, DE 19716. Checks made payable to University of Delaware. NO REFUNDS.***

*\*Before and after care is available for \*marked camps for an additional fee. Please indicate if you need this:*

\_\_\_\_\_ Yes    \_\_\_\_\_ No      Before Care = 7:30 am-8:30 am = \$25.00 per child/per week

\_\_\_\_\_ Yes    \_\_\_\_\_ No      After Care = 4:30 pm-5:30 pm = \$25.00 per child/per week

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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