

**Dan Cosgrove Animal Shelter  
Animal Camp Form: 2022**

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Town/Zip: \_\_\_\_\_ State: \_\_\_\_\_  
Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
Parent/Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

The cost for camp for **ages 6-10 is \$250** per child per session. The cost for camp for **ages 4 & 5 year olds is \$175** per child per session. Early Registration is any time before April 5<sup>th</sup>. You will receive \$10 off if your child is registered by April 5<sup>th</sup>.

**\*\*\*Children will not be considered registered until a payment has been received in full\*\*\* \*No  
refunds unless of an emergency (Sick, Injured) Doctors note required.\* Please check the week(s) you are  
registering for.**

Camp is from 9AM-3PM for Ages 6-10.

- June 27<sup>th</sup> – July 1<sup>st</sup>                       July 18<sup>th</sup>- July 22<sup>nd</sup>                       August 1<sup>st</sup> - August 5<sup>th</sup>  
  
 August 15<sup>th</sup> - August 19<sup>th</sup>

Camp is from 10AM-2PM for Ages 4&5.

- July 11<sup>th</sup> – July 15<sup>th</sup>                       August 8<sup>th</sup> – 12<sup>th</sup>

Accepted payments:      Check    PayPal

Paypal can be completed at [www.branfordanimalshelter.org](http://www.branfordanimalshelter.org) Please click on Donation and follow the steps from there.

**\*If paying by PayPal, please make a note indicating it is for Animal Camp in the add special instructions option.\***

Please mail check payments to Dan Cosgrove Animal Shelter 11 Cherry Hill Rd., Branford, CT 06405 Attn: Animal Camp \* Please include both your registration form and medical form with you check or you will not be considered fully registered.

Please check all that apply:

- √ \_\_\_ I have paid in full by check or PayPal.  
√ \_\_\_ I understand that my child will not be registered until I have paid in full.  
√ \_\_\_ I understand there is a \$10 fee due immediately upon pick up for every 15 minutes after pick up time at 3:00 p.m.

Please bring this registration form and medical form to the Dan Cosgrove Animal Shelter office or email it to [dubuffone@branford-ct.gov](mailto:dubuffone@branford-ct.gov) or [anakyrcz@gmail.com](mailto:anakyrcz@gmail.com).

By signing this form, the parent(s)/ guardian(s) and your child agree that you have read all the rules and regulations governing the Dan Cosgrove Animal Shelter Animal Camp and that all information is correct and that you will abide by all the rules set forth.

Parent/Guardian Signature: \_\_\_\_\_ Please print your name: \_\_\_\_\_ Date: \_\_\_\_\_

Payment Received: _____    Staff Initials: _____    Date Received: _____
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