

**Dan Cosgrove Animal Shelter
Animal Camp Form: 2020**

Child's First Name: _____ Last Name: _____
Address: _____ Town/Zip: _____ State: _____
Gender: _____ Age: _____ Birthdate: ___/___/___ Grade: _____ School: _____
Parent/Guardian First Name: _____ Last Name: _____
Home Phone Number: _____ Cell Phone Number: _____
Work Phone Number: _____ Email: _____

****Please write down a phone and email where we can reach you in case we need to notify you of any changes to camp/emergencies** (i.e. inclement weather, notices)**

The cost for camp is \$145 per child per session. Campers must be at least 4 years old and the maximum age is 5. **Campers must be potty trained/ use outside porta potty without assistance. There is no nap time included in the session.**

*****No refunds unless of an emergency (Sick, Injured- Note required)*****

*****Children will not be considered registered until a payment has been received in full*****

Check off weeks you will be registering for*

June 29th-July 3rd _____ July 20th-24th _____ August 3rd-7th _____

Accepted payments: Check PayPal/Credit Card

Paypal/Credit Card payments can be completed at www.branfordanimalshelter.org Please click on Donate and follow the steps from there.

If paying by PayPal/Credit Card, please make a note indicating it is for Animal Camp in the special instructions option.

Please mail or bring check payments to Dan Cosgrove Animal Shelter 749 East Main St. Branford, CT 06405 Attn: Animal Camp *
Please include both your registration form and medical form with your check. Check will not be accepted without forms.*

Please check all that apply:

I have paid in full by Check or PayPal/Credit Card.

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 2:00 p.m.

Please bring this registration form to the Dan Cosgrove Animal Shelter office or email it to dbuffone@branford-ct.gov or brittany.L.sullivan96@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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