

**Brandywine Battlefield Historic Site
2010 Summer History Camp Registration Form**

Child's Name _____ Age _____
Birthdate ____ / ____ / ____ Grade in September 2010 _____
Address _____ City _____
State _____ Zip _____ Phone Number (____) _____
Mother's Name _____
Day Phone (____) _____ E-mail _____
Father's Name _____
Day Phone (____) _____ E-mail _____

Select a Week

- Week 1, June 21-25, Military, Grades 3-5*
 - Week 2, July 5-9, Military, Grades 3-5*
 - Week 3, July 12-16, Military, Grades K-2*
 - Week 4, July 19-23, Military, Grades K-2*
 - Week 5, July 26-30, Military, Grades 3-5*
 - Week 6, Aug 2-6, Military, Grades K-2*
 - Week 7, Aug 9-13, Military, Grades 3-5*
- *Indicates Grade Completed

Total weeks selected _____ x \$150 = _____
(\$140 for Associate/Friends members) = _____

Includes \$25.00 NON-REFUNDABLE processing fee. Checks to be made payable to "BBPA" & mailed to: Brandywine Battlefield SHC, P.O. Box 202, Chadds Ford, PA 19317 ***Please note check MUST BE INCLUDED with registration form.**

Emergency Information and Consent

I hereby authorize emergency or other medical treatment for my child,
_____, that may be deemed necessary by attending medical
personnel while he/she is attending the Brandywine Battlefield Summer History Camp.

Parent/Guardian signature _____ Date _____
Parent home # (____) _____ Parent business # (____) _____

Contact in case of emergency _____
(____) _____
Alternate contact in case of emergency _____
(____) _____

Doctor name _____ Phone(____) _____

Has your child ever had a bee sting? Y / N - What reaction, if any, did he/she have?

Please list any allergies, medications, special needs

Optional: Does your child have an IEP? Y / N