

Grades K-2 Kids Camp Registration
August 2-4: 1:00-4:00

● **Child Information**

Last Name: _____ Preferred First Name: _____

Gender: Male Female Age: _____ Birthdate: _____

Home Address: _____ City _____ Zip _____

Home #: _____ Email Address: _____

● **Mother/Guardian Information**

Name: _____

Daytime #: _____ Cell: _____

● **Father/Guardian Information**

Name: _____

Daytime #: _____ Cell: _____

● **Additional Emergency Contact**

Name: _____

Relationship to child : _____

Daytime #: _____ Cell: _____

Does your child have any special medical needs, allergies, or take any medications?

Circle one: No Yes -(please explain below)

● **I Understand That**

- The Fort Worth Museum of Science and History will arrange any necessary emergency treatment in the event the parents or authorized person listed above cannot be reached
- Photographs of my child in the Kids Camp environment may be taken for promotional and archival purposes.
- Please initial: _____ Yes, my child's photograph/first name may be used
 _____ No, my child's photograph/first name may not be used

Parent/Guardian Signature: _____ Date: _____

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Mail

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**FORT WORTH MUSEUM
SCIENCE AND HISTORY**

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