



2021 APPLICATION

# Fenner Nature Center 'Go Wild' Day Camp

517.483.4224 • 2020 E. Mount Hope Avenue • Lansing, MI 48910

CAMPER NAME: \_\_\_\_\_ MALE  FEMALE   
 DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_  
 PARENT OR GUARDIAN NAME(S): \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CONTACT PHONE NUMBER HOME: (\_\_\_\_) \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

DATES	K-1ST GRADE 9AM-4PM \$175 MEMBERS \$190 NON-MEMBERS	2ND-3RD GRADE 9AM-4PM \$175 MEMBERS \$190 NON-MEMBERS	4TH-6TH GRADE 9AM-4PM \$175 MEMBERS \$190 NON-MEMBERS
JUNE 14 - 18	BUGS & SLUGS	BUGS & SLUGS	BUGS & SLUGS
JUNE 21 - 25	HOOK, LINE & SINKER	HOOK, LINE & SINKER	HOOK, LINE & SINKER
JUNE 28 - JULY 2	WILDERNESS SKILLS	WILDERNESS SKILLS	WILDERNESS SKILLS
JULY 5 - 9	FRONTIER LIFE	FRONTIER LIFE	FRONTIER LIFE
JULY 12 - 16	ECO ART	ECO ART	ECO ART
JULY 19 - 23	GROSS NATURE	GROSS NATURE	GROSS NATURE
JULY 26 - 30	NATURE SCENE INVESTIGATION	NATURE SCENE INVESTIGATION	NATURE SCENE INVESTIGATION
AUGUST 2 - 6	URBAN AGRICULTURE	URBAN AGRICULTURE	URBAN AGRICULTURE
AUGUST 9 - 13	SCALES & TAILS	SCALES & TAILS	SCALES & TAILS

CAMP DATES	CAMP PROGRAM	CAMP FEE	AFTER CARE FEE \$15/WEEK	TOTAL CAMP FEE	HOW DID YOU HEAR ABOUT US?
					<input type="checkbox"/> RETURNING CAMPER
					<input type="checkbox"/> REFERRED BY FRIEND
					<input type="checkbox"/> FACEBOOK
					<input type="checkbox"/> FENNER LISTING <small>(WEBSITE, NEWSLETTER, EMAIL)</small>
					<input type="checkbox"/> LANSING CITY PULSE
					<input type="checkbox"/> MACARONI KIDS
					<input type="checkbox"/> MY MOM CONNECTION
					<input type="checkbox"/> OTHER _____

**NOTE: WE REQUIRE A 50% DEPOSIT OF TOTAL CAMP FEES DUE AT THE TIME OF REGISTRATION TO SECURE YOUR CHILD'S SPACE IN CAMP.**

<b>OFFICE USE ONLY</b>	Total Camp Fee: \$ _____	Scholarship Application: Yes/No _____	Scholarship Award (if applicable): _____	Confirmation Date: _____
Deposit: \$ _____	Date: _____	Method of Payment: Cash/Check/CC _____	Code: _____	Staff Initials: _____
Balance: \$ _____	Date: _____	Method of Payment: Cash/Check/CC _____	Code: _____	Staff Initials: _____