



# Summer Camp & Club Registration Form



Please provide your email address below to receive your registration confirmation, newsletters, and information guide! **IN ORDER FOR REGISTRATION FORMS TO BE PROCESSED, ALL SECTIONS MUST BE COMPLETED, INCLUDING BANKING INFORMATION.** If you are registering for more than one child please fill out a separate form for each camper.

**PARENT/GUARDIAN CONTACT** Write legibly

LAST NAME: \_\_\_\_\_ LEGAL FIRST NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**SECONDARY PARENT/GUARDIAN CONTACT** Write legibly

LAST NAME: \_\_\_\_\_ LEGAL FIRST NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**CAMPER INFORMATION** Write legibly

LAST NAME: \_\_\_\_\_ LEGAL FIRST NAME: \_\_\_\_\_ BIRTHDATE (MM/DD/YYYY): \_\_\_\_\_

GENDER IDENTITY:  Male  Female

Prefer to self-describe as \_\_\_\_\_ (non-binary, gender-fluid, agender, please specify)  Prefer not to say.

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

**EMERGENCY PICK UP or ALTERNATE PICK UP** Write legibly

This person over the age of 16 is authorized to pick up your child and can be contacted by the Aviation Museum of New Hampshire staff when the parent or guardian cannot be reached.

RELATIONSHIP: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ LEGAL FIRST NAME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

Camper 13 years old and under must be signed in and signed out by a parent/guardian or a person over the age of 16.

If your child is 13 or older, do they have your permission to be released on their own at the end of their camp day?

Yes  No

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CODE OF CONDUCT**

The safety of each individual in the program is of the utmost importance to the Aviation Museum of New Hampshire. Each registrant must recognize a personal responsibility to learn and follow at all times the safety and other rules established by AMNH staff. I hereby agree that any behavior of the registrant that places themselves or others at risk may result in the registrant's immediate dismissal from the program. Further, if dismissed from the program, I agree to cover any expense(s) arising from such dismissal. I hereby acknowledge and agree that no refund will be granted for dismissal or removal of the registrant at their request before the end of a program session. In order to ensure the safety and well-being of all individuals participating in the program, the AMNH reserves the right to alter the program at any time without notice or compensation to the Registrant.

I have read and understand the Code of Conduct. Signature: \_\_\_\_\_

Are there any court orders or custody restrictions which would prevent us from communicating with either parent/guardian?

Yes  No

If yes, we will contact you for additional information.

**HEALTH HISTORY AND PERSONAL INFORMATION** Write legibly

The more information you can provide, the better we can meet the needs of your child. This information will be used by the Day Camp Director and your child's counselors to support your child. If there is additional information of a sensitive nature, please feel free to send a separate letter marked 'confidential' to the attention of the Day Camp Director, Debbora Losch. Whatever information you send to us will be treated with confidence and respect. We encourage, but do not require, a medical examination.

Is the participant under any form of treatment for an illness, condition, or injury?  Yes  No

If yes, please explain and detail routines, medications, adaptations etc. We also require you to complete a Medication Dispensing Form.

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any medical or behavioral conditions that we should be aware of?

If yes please take a moment to explain:

Yes  No

\_\_\_\_\_  
\_\_\_\_\_

Does your child use an inhaler?  Yes  No

Wears Medic-Alert Bracelet?  Yes  No

Carries an Epi-Pen?  Yes  No

**Allergies**

- None
- Seasonal \_\_\_\_\_
- Drug \_\_\_\_\_
- Food \_\_\_\_\_
- Insect \_\_\_\_\_
- Other \_\_\_\_\_

**Dietary restrictions or needs (Please provide details below):**

- None
- Gluten-free
- Lactose intolerant
- Vegetarian
- Vegan
- Other \_\_\_\_\_

**AMNH CAMP SELECTION****All Camps are Summer Day Camps**

<b>Date</b>	<b>Program Level</b>	<b>Program Fee</b>	<b>Mark here for this program</b>
<b>June 1 - June 28</b>	Level 1: Ages 10-13	\$1,100	
<b>Jul 8 - Jul 18</b>	Level 2: Ages 14-17		
<b>Jul 22 - Aug 02</b>	Level 1: Ages 10-13		

Our organization aims to remove as many barriers to aviation as possible, and to do that, we are offering financial aid to families who feel this camp may be out of their reasonable price range. If you are interested in applying for our financial aid program, please fill out the form on page four of this packet. If you are registering more than one child, you only have to fill out one financial aid form for all campers.

**\*\* You are only required to fill this out if you are applying for AMNH Financial Assistance**

**Not Applicable**

The Aviation Museum of New Hampshire is a 501(c)3 nonprofit organization offering financial assistance for children, youth, and families to access our summer camp. We strive to provide all children with the possibility to experience our engaging program. Program availability is based on current enrollment. Campers are registered on a first-come, first-served basis. **Please complete all sections of the registration form, including payment information, to ensure your application is processed.** Allow one to two weeks for your application to be processed.

Funding is not always available and is given in order of application. Program space will be reserved for your camper once assistance is granted.

All information is kept confidential.

If you are applying for more than one camper, please write the first and last names of all campers included in your financial aid request:

Child 1 \_\_\_\_\_

Child 3 \_\_\_\_\_

Child 2 \_\_\_\_\_

Child 4 \_\_\_\_\_

**NET FAMILY INCOME (AFTER TAXES)**

Applicant # 1 monthly household income: \$ \_\_\_\_\_

Other monthly income: \$ \_\_\_\_\_

(e.g. alimony, child support, child tax credits, public assistance, etc.)

Total monthly income: \$ \_\_\_\_\_

Amount in dollars (\$) that you feel you can contribute to each child's overall camp fee:

\$ \_\_\_\_\_ (required field)

Note: If you require a specialized payment plan, we can arrange this with you if your application is approved.

**HOUSEHOLD MAKEUP**

# of employed adults in household: \_\_\_\_\_

# of unemployed adults in household: \_\_\_\_\_

# of children under 13 in the household: \_\_\_\_\_

Ages of all children under 13: \_\_\_\_\_

So we can assess your application, please provide us with the most recent copies of the following income documentation:

- Two consecutive pay stubs or the previous year's tax returns
- Any documentation to prove government assistance

As an organization we try to consider everyone's unique needs and situations. Please provide a brief description of why you feel your family needs financial assistance.

**Please note that your financial aid application will NOT be processed until the income documentation is received.**

**If your financial aid application is approved, you will be:**

- Contacted by an AMNH representative to make payment arrangements

Our goal is to provide as many children as possible with a Flights of Discovery camp experience. However, please keep in mind that your approved assistance fees may be higher than the amount you've indicated you can contribute to the overall camp fee.

**Please send the completed application to:  
The Aviation Museum of New Hampshire  
27 Navigator Road, Londonderry, NH 03053  
Or scan it to Debora Losch at dlosch@nhahs.org**