

**Grades K-2 Kids Camp Registration**  
June 27-29 : 1:00-4:00pm

● **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: \_\_\_\_\_

Email Outreach@fwmsih.org

Mail

Laura Leckman

Fax 817-255-9519

Fort Worth Museum of Science and History  
1600 Gendy Street, Fort Worth, TX 76107



**FORT WORTH MUSEUM**  
SCIENCE AND HISTORY

1600 Gendy Street • Fort Worth, Texas 76107 • 817.255.9300  
fortworthmuseum.org