APRIL VACATION NATURE CAMP
at the Center at Pomfret, 218 Day Rd
www.ctaudubon.org/pomfret-home or call 860-928-4948

Monday-Thursday, April 13-16, 2020 from 9:00am - 4:00pm

**Monday, April 13**  
**Splish, Splash - A Frog’s Life**
We will go out in search of frogs, salamanders and other wiggly wonders. Wear old sneakers, clothes that don’t mind getting wet and dirty. We will be slogging about catching, identifying and releasing all kinds of aquatic life. Bring an extra set of dry clothes.

**Tuesday, April 14**  
**Nature’s Construction**
This day will be a combination of exploration on the trails looking at the many different ways organisms in nature are constructed and creating indoor/outdoor construction challenges.

**Wednesday, April 15**  
**Migration Madness**
Have you ever seen a bird up close? Do you know why they are banded? Have you ever held and released a bird? You will do all these things while learning to identify various birds, their behavior and migration patterns. Dress for the outdoors.

**Thursday, April 16**  
**Knapsack on my Back**
Put on your hiking boots and hike the Airline Trail, hear stories of the railroad and explore the many interesting sights along the way. Pack a lunch & water bottle. Wear sturdy footwear. It may be wet and/or muddy in places. We will end at We-Lik-It Ice Cream.

Participants **MUST** come dressed in clothes appropriate for outdoor activities.

Geared for grades 1 through 6. Members $45/day; Non-members $55/day

Camper Name: ____________________________________________________________
Parent/Guardian Name: ________________________________________________
Address: ______________________________________________________________
Email: _______________________________ Daytime Phone:____________________

Are you a current member? □ Yes  □ No  I would like to become a member. ($55/family) □

Days Attending (please check boxes): □ Monday □ Tuesday □ Wednesday □ Thursday

Please also complete the information section on the back of this sheet. → THANK YOU!
April Vacation Day Camp Application

(Space is limited, please return this form & payment by Wed., April 8th to reserve a spot.)

Child’s Name__________________________  Boy___ Girl___  Age ______

School _____________ Grade, Sept. 2019_________  Date of Birth, (month, day, year) ___ / ___ / ___

Cell Phones:  (Parent 1) ____________________________  (Parent 2) ______________________________

If parent can’t be reached in case of emergency, who should be contacted? ____________________________

Emergency Contact Phone Number ____________________________  Email: ____________________________

Family Physician: _________________________________  Phone: _________________________________

Does your child have any allergies to food or other triggers? Explain ____________________________

Has your child ever been stung by a bee, wasp or hornet? __________

If yes, did they experience an allergic reaction, and if so, to what extent? ____________________________

If your child has allergies, does he/she carry an Epi-pen and know how to use it? ____________________________

How well does your child swim? ________________________________________________________________

Does your child have any physical or behavioral issues camp staff should be aware of to insure a quality experience in the program? Explain: ________________________________________________________________

PERMISSIONS & RELEASE

I hereby give permission for ______________________________ to attend the Connecticut Audubon Society
April Vacation Camp, subject to the authority of the director. I further give permission for the above to
participate in any planned out-of-camp outings or trips under the supervision of the director or assigned staff member.

I hereby release the Connecticut Audubon Society (CAS) from any and all liability, claims or expenses in
connection with any injury to my child resulting from participation in a Connecticut Audubon Society (CAS)
event.

I will not hold the Connecticut Audubon Nature Program responsible for loss of money, jewelry or personal
articles brought to the program. I also give permission for use of any photo of the above named, to be used for
public relations.

Signature of Parent or Guardian__________________________  Date__________________________

Office Use Only:
Form Received By _____  Date Received _____  Payment Received (Cash) (Chk) (Credit)  Date Paid _____