

Office Use Only
 Date Paid: _____ Invoice #: _____
 Receipt #: _____
 Circle: Online Phone Walk-In

2019 Summer Camp Registration Form



One form per child

5 Day Camp (9:00am – 4:00pm)
Before care: 7:30-9:00am After care: 4:00-5:30pm

- **Must pre-register for before/after care**
- **Regular Registration: Wednesday prior to the desired week of camp.**
 Members **\$275**
 Non-Members **\$300**
- **Late Registration Fee: Will apply when registering starting the Thursday prior to the desired week of camp. – Addt'l \$25**

Contact Name _____

Telephone _____

Email _____

Are you a Member? No Yes

Child Name _____

DOB _____ Age _____

By the end of the 2018-2019 school year, what grade will your child have completed? _____

All children must have completed a pre-kinder or equivalent program prior to attending camp. CCMSH reserves the right to request proof of age.

Pre-K-2nd

- _____ Week 1 (June 3-7)
Space Academy
- _____ Week 2 (June 10-14)
Weather Mania!
- _____ Week 3 (June 17-21)
Ready, Set, Launch!
- _____ Week 4 (June 24-28)
Cooking with Chemistry
- _____ Week 5 (July 1-5)
Six Flags Over Texas
- _____ Week 6 (July 8-12)
CSI Detectives: On the Case
- _____ Week 7 (July 15-19)
Naval Explorers
- _____ Week 8 (July 22-26)
Under the Microscope
- _____ Week 9 (July 29-Aug 2)
Jurassic Adventure
- _____ Week 10 (Aug 5-9)
Under Construction
- _____ Week 11 (Aug 12-16)
Dive Into Marine life

3rd-6th

- _____ Week 1 (June 3-7)
Under Construction
- _____ Week 2 (June 10-14)
RoboDynamics I
- _____ Week 3 (June 17-21)
Space Academy
- _____ Week 4 (June 24-28)
Naval Explorers
- _____ Week 5 (July 1-5)
Six Flags Over Texas
- _____ Week 6 (July 8-12)
RoboDynamics II
- _____ Week 7 (July 15-19)
Cooking with Chemistry
- _____ Week 8 (July 22-26)
CSI Detectives: On the Case
- _____ Week 9 (July 29-Aug 2)
Jurassic Adventure
- _____ Week 10 (Aug 5-9)
Under the Microscope
- _____ Week 11 (Aug 12-16)
Dive into Marine Life

Before Care: 1 week(s) days @ \$15 each = \$ _____

Circled selected days: M T W TH F

After Care: 1 week(s) days @ \$15 each = \$ _____

Circled selected days: M T W TH F

Total Weeks of Camp: 1 at \$ _____ per week = \$ _____

After completion, email this form to CeciliaR@ccmuseum.com or mail to:

Attn: Cecilia Rich, Interim Education Manager
 Corpus Christi Museum of Science & History
 Summer Camp Registrations
 1900 N Chaparral St.
 Corpus Christi TX 78401

Extended Care: \$ _____

Discount: \$ _____

Camp Total: \$ _____

Cancellation & Refund Policy: Refund may be issued until June 1, 2019, minus a \$50 administrative fee. No refunds will be issued after that time. There will be no refunds due to camper illness or weather conditions. CCMSH has a minimum enrollment policy. Minimum of 8 children per camp class or camp will be subject to cancellation. If CCMSH cancels your session, you will be notified at least 1 day in advance and given a full refund. CCMSH reserves the right to cancel or combine sessions with low participation.