

Lynden Sculpture Garden - Summer Camps 2024

Please complete the registration form below. Once you have submitted the form, we will confirm your registration and invoice you via PayPal for payment (you can also pay by phone).

Please note: Space in each camp is limited and we anticipate they will fill quickly. Registration is on a first-come, first-served basis and is not guaranteed until we have followed up with you to complete payment for the camp(s) you have requested. If a camp you've requested is full, you will be added to the waitlist.

Questions?

Contact Jeremy Stepien, Director of Education, at jstepien@lydensculpturegarden.org

* Required

Child Information

Please complete one form per child.

1. CHILD'S FIRST NAME *

2. CHILD'S MIDDLE NAME

3. CHILD'S LAST NAME *

4. CHILD'S DATE OF BIRTH *



5. CHILD'S AGE *

The value must be a number

6. CHILD'S GRADE AS OF FALL 2024 *

7. CHILD'S SCHOOL *

Camps

Select camps. Please note: your enrollment is not confirmed until you have received and paid a registration invoice. **If a camp you've requested is full, you will be added to the waitlist.** Add a Family Membership to qualify for the member discount.

June 17-21 | 9 am-4 pm | Metamorphosis, Growth, Change | 6-11

July 1-3 | 9 am-12 pm | Garden Animals | 4-6

July 8-12 | 9 am-4 pm | Shared Spaces | 6-11

July 15-19 | 9 am-4 pm | Pond Voyage | 6-11

July 22-26 | 9 am-4 pm | Wonder, Wander, Move | 6-11

August 5-9 | 9 am-4 pm | Whittlers | 10-15

August 12-16 | 9 am-4 pm | Forage | 6-11

August 19-21 | 9 am-12 pm | Nature's Kitchen | 4-6

8. CAMPS *

Add a Family Membership (\$70)

Metamorphosis, Growth, Change

Garden Animals

Shared Spaces

Pond Voyage

Wonder, Wander, Move

Whittlers: Wood Culture

Forage

Nature's Kitchen

Parent/Guardian 1 Contact Information

Note: this contact will receive all confirmation and reminder emails for summer camp.

9. FIRST NAME (PARENT/GUARDIAN 1) *

10. LAST NAME (PARENT/GUARDIAN 1) *

11. STREET ADDRESS LINE 1 (PARENT/GUARDIAN 1) *

12. STREET ADDRESS LINE 2 (PARENT/GUARDIAN 1)

13. CITY (PARENT/GUARDIAN 1) *

14. STATE (PARENT/GUARDIAN 1) *

15. ZIP (PARENT/GUARDIAN 1) *

16. HOME PHONE (PARENT/GUARDIAN 1) *

17. WORK PHONE (PARENT/GUARDIAN 1)

18. CELL PHONE (PARENT/GUARDIAN 1) *

19. EMAIL ADDRESS (PARENT/GUARDIAN 1) *

Communications from Lynden will be sent to this address.

20. LYNDEN MEMBERSHIP NUMBER

If you're purchasing a membership with your camp registration, enter "New" in the field.

21. ADD INFORMATION FOR ANOTHER PARENT/GUARDIAN? *

Yes

No

Parent/Guardian 2 Information

22. FIRST NAME (PARENT/GUARDIAN 2) *

23. LAST NAME (PARENT/GUARDIAN 2) *

24. DOES PARENT/GUARDIAN 2 LIVE AT THE SAME ADDRESS AS PARENT/GUARDIAN 1? *

- Same address
- Different address

25. STREET ADDRESS LINE 1 (PARENT/GUARDIAN 2) *

26. STREET ADDRESS LINE 2 (PARENT/GUARDIAN 2)

27. CITY (PARENT/GUARDIAN 2) *

28. STATE (PARENT/GUARDIAN 2) *

29. ZIP (PARENT/GUARDIAN 2) *

30. HOME PHONE (PARENT/GUARDIAN 2) *

31. WORK PHONE (PARENT/GUARDIAN 2)

32. CELL PHONE (PARENT/GUARDIAN 2) *

33. EMAIL ADDRESS (PARENT/GUARDIAN 2) *

Emergency Contact Information

Other than parent(s)/guardian(s) listed above

34. EMERGENCY CONTACT NAME *

35. RELATIONSHIP TO CHILD (EMERGENCY CONTACT) *

36. CELL PHONE (EMERGENCY CONTACT) *

Pick-Up Authorizations

Other adult(s) authorized to pick up my child, if applicable.

37. NAME

38. RELATIONSHIP TO CHILD

39. CELL PHONE

40. ADD ANOTHER PERSON? *

Yes

No

41. NAME (PICK UP AUTHORIZATION) *

42. RELATIONSHIP TO CHILD (PICK UP AUTHORIZATION) *

43. CELL PHONE (PICK UP AUTHORIZATION) *

Medical Information

44. ALLERGIES AND/OR OTHER MEDICAL CONDITIONS:

45. OTHER MEDICAL, BEHAVIORAL OR EMOTIONAL ISSUES WE SHOULD KNOW ABOUT:

46. CURRENT IMMUNIZATION STATUS - TETANUS

Select a date for most recent tetanus immunization if applicable.



47. COVID VACCINE

Date of most recent dose (if applicable)

48. FAMILY PHYSICIAN *

49. PHYSICIAN PHONE NUMBER *

50. INSURANCE COMPANY *

51. POLICY NUMBER *

52. DOES YOUR CHILD REQUIRE PRESCRIPTION OR NON-PRESCRIPTION MEDICATIONS TO BE ADMINISTERED? *

If you select "Yes," you will receive a copy of the Medication Information and Authorization Form via email.

Yes

No

Waivers

53. I give permission for my child to be photographed/videotaped for educational/news/publicity purposes. *

Yes

No

54. BY ENTERING MY FULL NAME BELOW, I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE. ADDITIONALLY:

I do hereby acknowledge and state that the minor I am enrolling is presently under my care, custody and control and that I possess the authority to grant the permission and authorization stated herein, and the minor has no conditions, which would prohibit or restrict her/his participation in activities at the Lynden Sculpture Garden.

I authorize any representative of the Lynden Sculpture Garden to consent to and authorize any medical attention, treatment, surgery, or administration of drugs by qualified and licensed medical personnel for my child should that become necessary. I understand I will be notified as soon as possible in the event of an emergency. My insurance company or I will assume all expenses of such treatment.

I further waive and release the Lynden Sculpture Garden, their officers, employees, and subsidiaries from any and all claims and causes of action arising from or concerning any and all injuries, illnesses, losses or damages of any kind which the minor or I may have as a result of, or in connection with, the minor's participation in said event and activities of the Lynden Sculpture Garden.

Enter full name: *

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