



## Summer Camp Registration Form

418 W. Garfield  
Bozeman, MT 59715  
406 585-9997 (phone)  
406 585-9992 (fax)

### Art and Nature:

Explore the local landscapes through the lens of environmental art, nature journaling, team-building games, and natural history lessons!

Facilitated by Headwaters Academy teacher **Sayer Wickham**

For students entering grades 5, 6, and 7

**Session I:** July 9th – 13th

**Session II:** August 13th - 17th

**Hours:** Monday - Friday 9 a.m. - 3:30 p.m.

**Cost:** \$250

Applications and payment due by **June 15th, 2018**

Applicants will be notified of their acceptance status one week after the application is received and emailed an information packet.

Checks need to be made out to *Headwaters Academy*

*When completed, mail or deliver your applications to:*

**Headwaters Academy**

**% Sayer Wickham**

**418 W. Garfield**

**Bozeman, MT 59715**

TO BE FILLED OUT BY PARENT:

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

**Grade entering:** \_\_\_\_\_

\_\_\_\_ **Session I:** July 9th – 13th

\_\_\_\_ **Session II:** August 13th - 17th

### Student Information:

Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Mother/Guardian Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*(Street or P.O. Box) (City) (State) (Zip)*

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Preferred Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Father/Guardian Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*(Street or P.O. Box) (City) (State) (Zip)*

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Preferred Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Emergency Contact (other than parents):**

\_\_\_\_\_  
*Name Phone*

**Known allergies:** \_\_\_\_\_

**Medical conditions:** \_\_\_\_\_

Medications: \_\_\_\_\_

Other concerns: \_\_\_\_\_