

Thomas Township Nature Center & Preserve

Nature Discovery Camp Registration 2026

Please fill out this form and return to the Thomas Township Parks Office at 249 N. Miller Rd. Saginaw, MI 49609

Forms will **NOT** be accepted at the Thomas Township Nature Center.

Camper Information:

Child's name Child's age

Address City State Zip Township

Phone number Email address

Camp Choice: Please check box to indicate the discovery camp choices:

Week/Theme	Resident	Resident 2 nd Child	Non- resident	Non- resident 2 nd Child	B&A	Total
June 22-26/ Power of Plants	<input type="checkbox"/> \$140	<input type="checkbox"/> \$110	<input type="checkbox"/> \$145	<input type="checkbox"/> \$125	<input type="checkbox"/> \$35	
July 13-17/ Animal Kingdom	<input type="checkbox"/> \$140	<input type="checkbox"/> \$110	<input type="checkbox"/> \$145	<input type="checkbox"/> \$125	<input type="checkbox"/> \$35	
August 10-14/ Hands on History	<input type="checkbox"/> \$140	<input type="checkbox"/> \$110	<input type="checkbox"/> \$145	<input type="checkbox"/> \$125	<input type="checkbox"/> \$35	
					Total (Add up last column)	

Cash or check only. Checks payable to **Thomas Township General Fund**

Parent Signature Date

Thomas Township Nature Center & Preserve
Nature Discovery Camp
Child Information Record/Parent Consent & Agreement

Child's name

Date

Preferred Phone

Preferred Email

Please PRINT all information! PARENT INFORMATION-Please list each parent/guardian separately!

Child's Mother

Name: _____
 first last

Phone: _____

Email: _____

Child's Father

Name: _____
 first last

Phone: _____

Email: _____

Emergency Contacts: Please print! Campers will only be released to a parent, guardian, or emergency contact person listed.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Other Information:

List any allergies: _____

Does your child know how to handle their allergies? _____

Current Medications: _____

Does your child know when medications are needed? _____

The following information is necessary to have on file in case of an emergency:

Physician: _____ Phone: _____