



Date:

Dear Parent:

Thank you for your interest in registering your child for **Victorian Girl Day Camp, July 23, 9am-4pm**, at the Pettigrew Home and Museum. We are looking forward to another year of this fun program!

Victorian Girl Day Camp is offered to girls between 8 and 14 years of age. Participants will be immersed in the history of the Victorian Era as they enjoy a full day at the 1889 Queen Anne-style Pettigrew home. Girls will tour the historic home, make Victorian-style crafts, play period games, learn and practice rules of etiquette, and will even enjoy tea & treats.

The day's activities begin at 9:00 a.m. and will end at 4:00 p.m. The \$30.00 registration fee covers the cost of the program, snacks, and all activity materials. Financial assistance is available; please call for details. Participants will need to provide their own sack lunch.

Please complete the enclosed combination registration form, waiver of liability, and medical release. Each child must have a registration form completed and signed by a parent or legal guardian. **If any portion of this form is not completed, your child will not be permitted to participate in the program.** Return the one-page form along with a check for the registration fee to: Victorian Girl Day Camp, Siouxland Heritage Museums, 200 W. 6<sup>th</sup> Street, Sioux Falls, SD 57104. These must be received no later than one week prior to the date of camp. **Your child is not registered until we have received a completed registration form and payment.** We will send you a confirmation email once we have received the form and fee.

Victorian Girl Day Camp is filled on a first-come, first-served basis. We always have a waiting list for our summer programs. If you must cancel, please call the museum, (605) 367-4210, as soon as possible so another child can participate. Refunds, minus a \$5.00 handling fee, will be given until one week prior to the date of camp. No refunds can be given for cancellations after that date. In the event a cancellation is made due to unforeseen circumstances, your child will be scheduled for a different date or your full fee will be refunded.

Thank you for returning the registration form as soon as possible. Call the education department at (605) 978-7015 with any questions. We hope you have a great summer!

Siouxland Heritage Museums Education Staff



200 W. 6th Street, Sioux Falls, SD 57104

**Strong Foundation. Strong Future.**

Equal Opportunity Employer and Service Provider

P:(605)367-4210

F:(605)367-6004

[siouxlandmuseums.com](http://siouxlandmuseums.com)



# Victorian Girl Day Camp Registration Form

*Space is limited. Please call (605) 367-4210 to check availability and reserve your child's spot before mailing registration forms.*

Child's Name:\* \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth:\* \_\_\_\_\_  
(Child must be 8 years of age by date attending camp)

This year's Victorian Girls Day Camp will be held on the following date:

**Thursday, July 23, 2026**

Did you call the museum to pre-register your child:    yes    no    (Preference is given to pre-registered campers.)

## Contact Information

Parent 1 Name:\* \_\_\_\_\_ Parent 2 Name: \_\_\_\_\_

Address:\* \_\_\_\_\_ Email:\* \_\_\_\_\_

City:\* \_\_\_\_\_ State:\* \_\_\_\_\_ Zip:\* \_\_\_\_\_

Primary Phone:\* \_\_\_\_\_ Alternate Phone 1: \_\_\_\_\_ Alternate Phone 2: \_\_\_\_\_

Emergency contact person (other than parent):\* \_\_\_\_\_ Phone:\* \_\_\_\_\_

Relationship (grandmother, aunt, neighbor, etc.): \_\_\_\_\_

Physician/Clinic Name:\* \_\_\_\_\_ Phone:\* \_\_\_\_\_ Hospital Preferred: \_\_\_\_\_

Please note any allergies, physical conditions, medications, or special needs of which we need to be aware: \_\_\_\_\_

*\*Asterisked items are mandatory.*

## Permission/Waiver of Liability/Health Consent

This release is made \_\_\_\_\_ by: \_\_\_\_\_  
(Date) (Parent or Legal Guardian printed name)

\_\_\_\_\_  
*initials* As parent or legal guardian of the above-named child, I hereby give my permission for this child to attend Victorian Girl Day Camp and all activities therein and grant permission for the museum to photograph my child during the program and use these images for marketing purposes. (To opt out of the photo release, please contact museum education at 605 978-7015 prior to sending in registration materials.)

\_\_\_\_\_  
*initials* In addition I give permission to the medical personnel selected by the Day Camp Director to order x-rays, routine tests, treatments, and necessary transportation for the child named above. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Day Camp Director to secure and administer treatment, including hospitalization, for the child named above.

\_\_\_\_\_  
*initials* In consideration of the permission granted to my child by the Siouxland Heritage Museums to participate in **Victorian Girl Day Camp**, I hereby release the Siouxland Heritage Museums, their agents and employees from all liability and all claims which I, my heirs executor, administrator, or assigns may have against the Siouxland Heritage Museums, their agents and employees, for all personal injuries known or unknown which the above-named child may incur by participating.

I, the undersigned, have carefully read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please check this box to endorse your type-written signature in lieu of a hand-written signature.

**Please return this form and the \$30 registration fee to: Siouxland Heritage Museums, 200 West 6<sup>th</sup> Street, Sioux Falls, SD 57104 Attn: Victorian Girl Day Camp** (Checks should be made payable to Siouxland Heritage Museums.)