



**SHELDRAKE ENVIRONMENTAL CENTER**  
**685 Weaver Street, Larchmont, NY 10538**  
**Tel: 914-834-1443 Fax 914-834-1447**

**June 2009 Nature Program for Pre-kindergarteners**  
**INFORMATION FORM**

Date

Name of Child  Sex  M  F

Grade in fall 2008  Age  Date of Birth  /  /

Parent's Names  Home Phone Number

Mailing Address

Parent's Work/Cell #:  Email

Doctor's Name  Phone #

Emergency Name  Phone #

Is there information about your child that will help us to make this experience more enjoyable?

**MEDICAL HISTORY - IMMUNIZATION RECORD**  
**Has your child received the following immunizations?**

Diphtheria/Tetanus Toxoid (4 doses)	<input type="text"/>
Oral Polio Vaccine (3 or more doses)	<input type="text"/>
Live Measles Vaccine (2 doses)	<input type="text"/>
Live Rubella Vaccine (1 dose)	<input type="text"/>
Live Mumps Vaccine (1 dose)	<input type="text"/>

**Allergies, Medical Problems, Medications, Special Needs, Special Diet, Restriction on Activity?**

**Permission to seek treatment**

I give permission, in case of a medical emergency, to take my child to a hospital for treatment, to include evaluation of injuries, x-rays and needed care.

DATE	PARENT'S SIGNATURE
------	--------------------

**Permission to use photographs of my child**

I give permission to use photographs of my child from the program for publicity, website and newsletters.

DATE	PARENT'S SIGNATURE
------	--------------------

**Permission for insect repellent and/or sunscreen use**

I give permission that my child in case of necessity be applied with insect repellent and/or sunscreen by Sheldrake's staff.

DATE	PARENT'S SIGNATURE
------	--------------------

# DISMISSAL INFORMATION

The following people are allowed to pick up \_\_\_\_\_  
Child's Name

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business/Cell \_\_\_\_\_  
**(Must be completed – even for parent/s)**

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business/Cell \_\_\_\_\_  
**(Must be completed for other parent, nanny, sitter, carpool parent, etc.)**

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business/Cell \_\_\_\_\_  
**(Must be completed for other parent, nanny, sitter, car pool parent, etc.)**

**Please Note - If someone other than those listed above intends to pick up your child, a signed and dated note must be given to our program director, otherwise the child will not be released.**

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please return forms to: Sheldrake Environmental Center  
685 Weaver Street  
Larchmont, NY 10538  
Attention: Amy