



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

Nature Programs for Children
REGISTRATION FORM

PLEASE PRINT

Date

Name of Child Sex M/F

Grade 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?

I am enrolling my child in the following program:

Program	Season or Vacation Club	Time	Day
Tiny Trekkers (Mommy & Me)			
Young Explorers (Pre-k Drop-off)			
Nature Detectives (After-school Nature club)			
Vacation Club			
Young Explorers June Extension (for pre-schoolers)			

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

Diphtheria/Tetanus Toxoid (4 doses)	
Oral Polio Vaccine (3 or more doses)	
Live Measles Vaccine (2 doses)	
Live Rubella Vaccine (1 dose)	
Live Mumps Vaccine (1 dose)	

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
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Permission to use photographs of my child

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

DATE	PARENT'S SIGNATURE
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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
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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