



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

Summer 2010 Nature Program

GENERAL INFORMATION

Date

Name of Child Sex M/F

Grade in fall 2010 Age Date of Birth / /

Parents' 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?

PROGRAM ENROLLMENT INFORMATION

I am enrolling my child in the following Summer Ecology Program:

	Starting and ending dates
5 days a week Mon - Fri	1. 2. 3.
3 days a week Mon, Wed, Fri	1. 2. 3.
2 days a week Tue, Thu	1. 2. 3.

MEDICAL INFORMATION

Has your child received the following immunizations? Please attach immunization record.

Diphtheria/Tetanus Toxoid (4 doses) Live Measles Vaccine (2 doses) Live Mumps Vaccine (1 dose)
 Oral Polio Vaccine (3 or more doses) Live Rubella 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.	PARENT'S SIGNATURE DATE
---	--

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.)

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 _____

OTHER AUTHORIZATIONS

Permission to use photographs of my child

I give permission to use photographs of my child from the program for website, publicity and newsletters.	PARENT'S SIGNATURE DATE
---	--

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.	PARENT'S SIGNATURE DATE
--	--

Permission to transfer my child from Camp Monroe to Sheldrake's Summer Ecology Program

I give permission to transfer my child from Camp Monroe to Sheldrake's Summer Ecology Program.	PARENT'S SIGNATURE DATE
--	--

Please return forms to:

Sheldrake Environmental Center
685 Weaver Street
Larchmont, NY 10538
Attention: Amy