



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

Children's Nature Programs

INFORMATION FORM

Name of Child				Sex	<input type="checkbox"/>	M/F
Grade		Age		Date of Birth		
Parent's Names				Home Phone Number		
Mailing Address						
Parent's Work/Cell #				E-mail		
Doctor's Name				Phone #		
Emergency Name				Phone #		

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

Please check program(s) in which you are enrolling your child. Payment must be received upon registration in order to reserve a space for your child. 50% of fee is refundable with more than 2 weeks notice.

Program	Which season or vacation club?	Time	Which day or week?
Tiny Trekkers			
Young Explorers			
Go Green Adventurers			
Vacation Club			
June Ext. Program for Pre-schoolers			

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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DISMISSAL INFORMATION

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

1. Name _____
Address _____
Home Phone _____ Business/Cell _____

Must be completed for other parent, nanny, sitter, carpool parent, etc.

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