



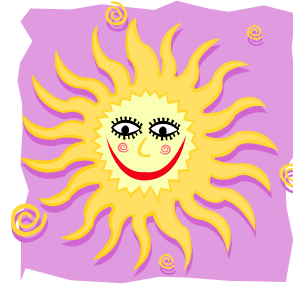
685 Weaver Street, Larchmont, NY 10538
Tel: 914-834-1443 Fax 914-834-1447
www.sheldrakecenter.org

Call 834-1443 to reserve a place for your child.

Summer 2008 Ecology Camp for Children

June 30 - August 8, 1:30 to 3:30pm

This summer, encourage your child to explore the mysteries of the natural world. The beauty and diversity of the many habitats and inhabitants of the conservancy will come alive through trail walks, experiments, scavenger hunts, stories, visiting animal specialists, crafts, “eco-dramas” and other intriguing activities



designed to bring out your child’s innate curiosity. If your child loves the outdoors and enjoys getting dirty, this program is the one! *Note: Special arrangements will be made for Monroe campers who are dismissed at 1:00 pm and wish to transfer directly into our afternoon ecology program.*



2 days per week, Tuesday/Thursday
3 days per week, Monday/Wednesday/Friday
or 5 days per week
For children ages 3 – 5

Monday – Friday
For children ages 6 and older

See registration form for rates.

Programs are limited in size and may fill up quickly. All programs require pre-registration to confirm your child’s spot.



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

Summer 2008 Nature Programs
INFORMATION FORM

PLEASE PRINT

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 #: Mother Father

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	Child's Age
2 days per week, Tuesday/Thursday (ages 3-5 only), \$340 members/\$365 non-members	
3 days per week, Monday/Wednesday/Friday (ages 3-5 only), \$475 members/\$515 non-members	
5 days per week, \$785 members/\$840 non-members	

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 from the program for website, publicity 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