



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

**Fall 2008 Nature Programs**  
**INFORMATION FORM**

Date  **PLEASE PRINT**

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:**

<b>Program</b>	<b>Time</b>	<b>Day/Holiday</b>
Mommy & Me		
Pre-k Drop-off		
After-school Nature Club		
Vacation Club		

**MEDICAL HISTORY - IMMUNIZATION RECORD**  
**Has your child received the following immunizations? Yes/No**

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