



Nature Babies Registration Form

Please download, fill it in, save the form in your child's name and email the completed form back to wildrootsnatureandforestschool@gmail.com

Child/Participant Information

First Name:

Last Name:

Birthday:

Age:

Primary Parent/Guardian Information

First Name:

Last Name:

Relationship to Child:

Street Address:

City/Town:

Province:

Postal Code:

Phone Number:

Email:

Emergency Contact Information

First Name:

Last Name:

Relationship to Child:

Address Same as Above: Yes or No.

Street Address:

City/Town:

Province:

Postal Code:

Phone Number:

Medical Information

Please list any significant medical information about you and your child below. This includes information about serious allergies, medical conditions, medications and other physical, behavioural or mental health information.

Comments: