

# Nature Camp at Tauxemont 2019 Registration Form



Camper Name: \_\_\_\_\_  
Name for Camp button: \_\_\_\_\_ Age: \_\_\_\_\_  
Birth date \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
Name of Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

## Camp Fees – per session

Morning Camp 9:00 -11:45am **\$175** Afternoon Camp 12:45 – 3:30 pm **\$175**

Please  session(s) child will attend Nature Camp at Tauxemont

- AM Session 1 "In The Sky" June 10 - 14
- AM Session 2 "At The Beach" June 17 - 21
- AM Session 3 "In Our Backyard" June 24 - 28
- AM Session 4 "On A Mountain" July 1 - 5
- AM Session 5 "On The Farm" July 8 - 12
  
- PM Session 2 "At The Beach" June 17 - 21
- PM Session 3 "In Our Backyard" June 24 - 28

# Sessions \_\_\_ X \_\_\_\_\_ = \_\_\_\_\_

Please make checks payable to Tauxemont Preschool

## Child drop off and pick up location

Please circle your preference

Front (Parking Lot) Back (Tauxemont Road)



## Camp T-shirt – Each camper receives a Nature Camp T-shirt.

Please circle appropriate size x-small (2-4) small (6-8) medium (10-12)

## Proof of Identity and Age

Please fill in information below and bring proof of identity & age to Open Enrollment on April 8.

Place of Birth _____	Birth Date _____
Birth Certificate Number/Other Form of Proof _____	Date Issued _____
Signature of Camp Director _____	Date Verified _____



# Nature Camp Health Form 2019

If not available for an Emergency, please contact:

Name/Relationship \_\_\_\_\_ Phone: Day \_\_\_\_\_  
Name/Relationship \_\_\_\_\_ Phone: Day \_\_\_\_\_

## Health History

Please list all allergies including Drug/Food/Animal/Plant. Use additional sheet to describe symptoms of allergies and details of illnesses or health restrictions, if applicable for this child (or N/A if not applicable)

Date of Tetanus shot \_\_\_\_\_ Are immunizations up-to-date? \_\_\_Yes \_\_\_No

If no, please state reason \_\_\_\_\_

Weight (used to determine medicinal dosages) \_\_\_\_\_

Medicines being taken: \_\_\_\_\_

Special needs: \_\_\_Dietary \_\_\_Physical \_\_\_Emotional \_\_\_Learning  
\_\_\_ADD/ADHD \_\_\_Sensory \_\_\_Other

Please provide comments where applicable.

List participation restrictions \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

The health history above is correct so far as I know, and the person herein described has my permission to participate in all prescribed camp activities except as noted. If she/he appears to be ill, I will not send her/him to the program.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Medical Authorization and Release:** Should my child sustain or incur any accident or illness while attending programs sponsored by Nature Camp at Tauxemont Cooperative Preschool, and attempts to contact myself or emergency contacts fail, I hereby authorize Nature Camp at Tauxemont Cooperative Preschool directors to execute any and all documents on my behalf including necessary releases, which might be required by a medical facility to perform emergency care.

**Photo Release:** I understand that Nature Camp at Tauxemont Cooperative Preschool may use photographs and/or videotapes of my child for public relations.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

