

# Nature Camp at Tauxemont 2026 Registration Form



Camper Name: \_\_\_\_\_

Name for Camp button: \_\_\_\_\_ Age: \_\_\_\_\_

Birth date \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

E-mail: \_\_\_\_\_

(This is our main form of communication. Please use an address that is checked daily)

## Camp Fees – per session

Morning Camp 9:00 -11:45 am **\$225** Afternoon Camp 1:15 – 4:00 pm **\$225**

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

<input type="checkbox"/> AM Session 1	June 8 – 12	"On The Farm"
<input type="checkbox"/> AM Session 2	June 15 – 19	"In The Sky"
<input type="checkbox"/> AM Session 3	June 22 – 26	"At The Beach"
<input type="checkbox"/> AM Session 4	Jun 29 -July 3	"In Our Backyard"
 <input type="checkbox"/> PM Session 2	June 15 – 19	"In The Sky"
 <input type="checkbox"/> PM Session 3	June 22 - 26	"At The Beach"

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

Please make checks payable to Tauxemont Preschool



## 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 6<sup>th</sup>.

Place of Birth \_\_\_\_\_ Birth Date \_\_\_\_\_

Birth Certificate Number/Other Form of Proof \_\_\_\_\_ Date Issued \_\_\_\_\_

Signature of Camp Director \_\_\_\_\_ Date Verified \_\_\_\_\_

## Nature Camp Health Form 2026

If parent/guardian is 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 \_\_\_\_\_ All other 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 my child appears to be ill, I will not send them 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 to share camp experiences with camper families.

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

