

# Nature Camp at Tauxemont 2024 Registration Form



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

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

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

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

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

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

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

### Camp Fees – per session

Morning Camp 9:00 -11:45am **\$215** Afternoon Camp 1:15 – 4:00 pm **\$215**

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

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

# 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 8<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 2024

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 \_\_\_\_\_ 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 for public relations.

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

