Westminster Nature Preschool Summer Explorations Application

Session I	Session IV
Session II	Session V
Session III	Session VI
Child's Name	Age
Parent Name	Address
Parent Telephone (Home) Email Allergies	(Cell)
•	be contacted and/or to pick up your child IN CASE arent can be contacted. State relationship, address,
participate in all of the activitie Director or Teacher, if unable to	rmission for my child to use all the equipment and s of the school. With this application I authorize the contact a parent or emergency person, to obtain ent that might be warranted for my child.
	r each camp session to be applied to the session aid in full at the time of each camp session.
Parent Signature	Date