

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) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_

Allergies \_\_\_\_\_

List two persons authorized to be contacted and/or to pick up your child IN CASE OF EMERGENCY if neither parent can be contacted. State relationship, address, phone for each:

1. \_\_\_\_\_

2. \_\_\_\_\_

With this application I grant permission for my child to use all the equipment and participate in all of the activities of the school. With this application I authorize the Director or Teacher, if unable to contact a parent or emergency person, to obtain any emergency medical treatment that might be warranted for my child.

I am enclosing a \$25 deposit for each camp session to be applied to the session cost. Camp sessions must be paid in full at the time of each camp session.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

