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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_