

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 _____