

2017 Field Station Cooperative Preschool Camp Registration



Child's Name _____

Date of birth _____ / _____ / _____

Cost to attend each camp is \$100. Please make checks payable to Field Station. Registration fee includes camp, t-shirt and snacks.

Campers must have completed at least one year of preschool to attend camps.

Camp(s): June 26th – June 29th (Jumpers, Crawlers, and Fliers!) _____

July 17th – July 20th (Nature Superheroes) _____

T-shirt size (Y=youth, A=adult): __YS __YM __YL __AS __AM __AL __AXL

Mother's Name _____ Father's Name _____

Child lives with ___ both parents ___ mother ___ father ___ other _____

Home address _____

City, state, zip _____ home phone _____

Main Caregiver's cell phone _____ email address _____

I agree that the above named child's photograph, artwork and/or nature projects may be used for the Field Station's publications, displays, and/or advertisements.

(Parent or guardian signature)

(Date)

OR Check here if you do not want to give permission _____

If you have any registration questions, please contact director@fieldstationkids.org or call 219.617.6978.

2017 Emergency Medical Information



Child's Name _____

Child's Date of Birth _____

Doctor's Name _____ Phone _____

Insurance Provider and Policy Number _____

Does your child have allergies? _____ If yes, please describe _____

Is your child currently taking any medications? _____ If yes, please list _____

Are there medical conditions that might affect participation or behavior? _____ If yes, please describe _____

Are your child's immunizations up to date? _____ If no, please attach a letter signed by your child's physician indicating he/she is in good health and able to participate in the class.

If additional space is needed to communicate medical information, please attach supplemental details.

Emergency Contacts

Name	Relationship	Home Phone	Cell Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I authorize staff members and volunteers of the Field Station to present my child _____ for treatment of injury or illness if his/her parents or other emergency contacts cannot be reached immediately. I agree to communicate to the teachers regarding my child's allergies, medications or any other medical conditions that may affect participation.

(Parent or guardian signature)

(Date)