

# 2019 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 17<sup>th</sup> – June 20<sup>th</sup> \_\_\_\_\_

July 8<sup>th</sup> – July 11<sup>th</sup> \_\_\_\_\_

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](mailto:director@fieldstationkids.org) or call 219.617.6978.

**2018 Emergency Medical Information**

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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 \_\_\_\_\_

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

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

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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.

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**Emergency Contacts**

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

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**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)**