

Nature Camp at Tauxemont 2017 Registration Form



Camper Name: _____
 Name for Camp button: _____ Age: _____
 Birth date _____ Male ___ Female ___
 Name of Parent/Guardian: _____
 Address: _____

 Phone: _____
 E-mail: _____

Camp Fees – per session

Morning Camp 9:00 -11:45am **\$175**
 Afternoon Camp 12:45 – 3:30 pm **\$175**

Please session(s) child will attend Nature Camp at Tauxemont

- AM Session 1 "In Our Backyard" June 12 – 16
- AM Session 2 "On A Mountain" June 19 – 23
- AM Session 3 "On The Farm" June 26 – June 30
- PM Session 3 "On The Farm" June 26 – June 30
- AM Session 4 "In The Sky" July 3 – 7
- PM Session 4 "In The Sky" July 3 – 7
- AM Session 5 "At The Beach" July 10 - 14

Sessions ___ X _____ = _____

Please make checks payable to Tauxemont Preschool

Child drop off and pick up location

Please circle your preference

Front (Parking Lot) Back (Tauxemont Road)



Camp T-shirt – Each camper receives a Nature Camp T-shirt.

Please circle appropriate size x-small (2-4) small (6-8) medium (10-12)

Proof of Identity and Age

Please fill in information below and bring proof of identity & age to Open Enrollment on April 3.

| | |
|----------------------------------------------------|---------------------|
| Place of Birth _____ | Birth Date _____ |
| Birth Certificate Number/Other Form of Proof _____ | Date Issued _____ |
| Signature of Camp Director _____ | Date Verified _____ |



Nature Camp Health Form 2017

If not available for an Emergency, please contact:

Name/Relationship _____ Phone: Day _____
 Name/Relationship _____ Phone: Day _____

Health History

Please list all allergies including Drug/Food/Animal/Plant. Use additional sheet to describe symptoms of allergies and details of illnesses or health restrictions, if applicable for this child (or N/A if not applicable)

Date of Tetanus shot _____ Are immunizations up-to-date? ___Yes ___No

If no, please state reason _____

Weight (used to determine medicinal dosages) _____

Medicines being taken: _____

Special needs: ___Dietary ___Physical ___Emotional ___Learning
 ___ADD/ADHD ___Sensory ___Other

Please provide comments where applicable.

List participation restrictions _____

Family Physician _____ Phone _____

Health Insurance Company _____ Policy # _____

The health history above is correct so far as I know, and the person herein described has my permission to participate in all prescribed camp activities except as noted. If she/he appears to be ill, I will not send her/him to the program.

Signature: _____ Date _____

Medical Authorization and Release: Should my child sustain or incur any accident or illness while attending programs sponsored by Nature Camp at Tauxemont Cooperative Preschool, and attempts to contact myself or emergency contacts fail, I hereby authorize Nature Camp at Tauxemont Cooperative Preschool directors to execute any and all documents on my behalf including necessary releases, which might be required by a medical facility to perform emergency care.

Photo Release: I understand that Nature Camp at Tauxemont Cooperative Preschool may use photographs and/or videotapes of my child for public relations.

Signature: _____ Date _____

