

2020 Preschool Programs: Registration Form

Please fill out a separate form for each child.
Photocopies are acceptable.

Return form by:

Mail:

Placer Nature Center
3700 Christian Valley Road
Auburn, CA 95602

Email: programs@PlacerNatureCenter.org

Child's Name _____

Child's Age _____

Parent/Guardian Name _____

Address _____ City _____ Zip _____

Email _____

Primary Phone (____) _____ Other Phone (____) _____

Indicate the session(s) you would like to attend:

- All Preschool Programs are \$10 a day
- They run Tuesday through Thursday 10-11:30am
- Child must be attended by parent or guardian
- Please have your child bring a snack and water bottle, and wear closed toed shoes.

Date	Theme	X
August 25-27	Discovering Nature: The Shape of Things	
September 1-3	Discovering Nature: Seek and Find	
September 8-10	Tiny Tykes: Discovering Nature	
Sept 15-17	Tiny Tykes: Discovering Nature	
Sept 22-24	Tiny Tykes: Discovering Nature	
Sept 29- Oct 1	Tiny Tykes: Discovering Nature	
October 6-8	Tiny Tykes: Discovering Nature	
October 13-15	Tiny Tykes: Discovering Nature	
October 20-22	Tiny Tykes: Discovering Nature	
October 27-29	Tiny Tykes: Discovering Nature	
November 3-5	Tiny Tykes: Discovering Nature	
November 10-12	Tiny Tykes: Discovering Nature	

Payment Type:

() My check/money order is enclosed, made out to PNC in the amount of \$ _____

() PayPal. For PayPal payments please add the \$1.75 service charge (per week/\$30) Please send the money to:
programs@placernaturecenter.org
PayPal Confirmation # _____

RELEASE & EMERGENCY MEDICAL FORM

I, the parent or guardian of _____ agree to have my child participate in Placer Nature Center's Preschool Program. I assume all risks to my child associated with the program held at the Placer Nature Center (PNC). The program may include hiking and other outdoor activities. All natural areas contain animals, poisonous plants as well as other hazards. I agree to hold harmless PNC, their Board of Directors, staff, any cosponsors or volunteers leading this activity, both personally and in their respective capacities, from and against all liability for accident or injury to my child or his/her belongings arising out of participation in the program. If my child should become sick or injured, and either of his parents cannot be contacted, a licensed physician has my permission to treat the sickness or injury. I also understand that if my child is unable to attend, I must request the partial refund within 72 hours of the start of the program.

Parent or Guardian Signature _____

Date _____

*Please note any allergies, physical limitations or special condition your child has that program leaders should be made aware of:

I AUTHORIZE I DO NOT AUTHORIZE photos of videos of my child to be used for promotional materials (press releases, brochures, newspaper articles) PNC may use in social media or send out to local media and schools.

In case I can not be reached, my child's Emergency Contact Person is (mandatory):

Name _____ Relationship to child _____

Primary Phone (____) _____ Other Phone (____) _____

PNC Staff Use Only

Date Received: ____/____/____ Initials _____ Paid Y/N? _____