

2021 After School 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 sessions and days you would like to attend:

SESSION	TUESDAY - WEDNESDAY - THURSDAY
January 18-20	
January 25-27	
February 1-3	
February 8-10	
February 15-17	
February 22-24	
March 1-3	
March 8-10	
March 15-17	
March 22-24	
March 29-31	
April 5-7	
April 12-14	
April 19-21	
April 26-28	

- After School Programs cost \$20 a day. If you would like to request a scholarship, please contact us.
- Every week our programs have a different theme - please contact us for schedule updates.
- Programs run Tuesday through Thursday 3:30-5:30pm.
- Please specify which day(s) of the week you would like to attend (families generally attend just one day a week).
- We often provide a snack of local organic fruits and veggies, but please have your child bring a snack if they need it, and water bottle, and wear closed toed shoes.

Payment Information:

My check/money order is enclosed, made out to Placer Nature Center in the amount of \$_____

I am paying via PayPal. For PayPal payments please add the 2.9% service charge. Please send 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 After School 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 or 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? _____