

# 2022 Preschool 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](mailto:programs@PlacerNatureCenter.org)

Child's Name \_\_\_\_\_

Child's Age \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Primary Phone (\_\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_\_) \_\_\_\_\_

Date(s) of program: \_\_\_\_\_

Fall 2022 dates will be September 6,  
September 14, September 20, September  
28, October 4, October 12, October 18,  
October 26, November 1, November 9,  
November 15.

- Preschool programs are \$10 per child
- They are held on 1st and 3rd Tuesdays and 2nd and 4th Wednesdays
- Please have your child wear closed-toed shoes and bring a water bottle
- Families are welcome to stay after and eat snack or explore on their own

## Payment Type:

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

( ) PayPal. For PayPal payments please add the 2.2% service charge.

Please send the money to:

[programs@placernaturecenter.org](mailto: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 programs. 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? \_\_\_\_\_