

Little Tykes Family Nature Program

2023-2024 Registration Form

You may use one form for multiple children.
Photos and photocopies of forms are acceptable.

Return form via:
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 address _____
Primary Phone (____) _____ Other Phone (____) _____

Date(s) of program: _____

- Little Tykes Family Nature programs are \$15 per class for drop in, or \$10 per class if you sign up for 5 or more
- They are held on 1st and 3rd Wednesdays and 2nd and 4th Tuesdays (with some exceptions) from 10-11:30am
- Please have your child wear closed-toed shoes
- Families are welcome to stay after and eat snack or explore on their own
- You can pay with check, cash, PayPal or Venmo prior to, or day of the program. You may pay for all the dates you plan to attend up front, or separately.

Payment Info:
 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 and send money to: programs@placernaturecenter.org) PayPal Confirmation #: _____
 Venmo (send Venmo payments to @PlacerNatureCenter)
 Cash. I will bring cash day of program.

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 their belongings arising out of participation in the program. If my child should become sick or injured, and either of their 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? _____