

# 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 Tuesdays and 2nd and 4th Wednesdays (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.

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 (\_\_\_\_) \_\_\_\_\_

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PNC Staff Use Only

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials \_\_\_\_\_ Paid Y/N? \_\_\_\_\_