

Little Tykes Family Nature Program

2025 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's Name _____

Address _____ City _____ Zip _____

Email Address _____

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

Date(s) of program: _____

or select day for all: Mondays Tuesdays Wednesdays

- Little Tykes Family Nature programs are \$15 per class for drop in, or \$10 per class if you sign up and pay in advance for 5 or more.
- 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.
- Attendance and payment policies are:
 1. Payment will not be refunded or rolled-over for your child's (or children's) absences, unless we are notified in advance of class of emergencies or illness. Advance payment for classes guarantees space that cannot be filled by other families if you do not show up.
 2. We cannot hold a place for your family until payment is received.
 3. Date changes and additions can be made as space allows.

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 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? _____