

**FOREST FRIENDS WINTER 2010 REGISTRATION FORM**

8 weekly sessions \$200.00 per student - Family rate 2 or more kids \$160/each

Mondays 10:00 am - 3:00 pm

Interactive Museum, 23 Center Street, Middletown, NY

Children ages 5 - 13, children under 5 considered on individual basis

Please bring lunch, waterbottle,

January 11 – March 8<sup>th</sup> 2010, No session February 15<sup>th</sup>, President’s Day.

Child’s Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Work/alternate phone: \_\_\_\_\_

Does your child have any medical conditions or food allergies? \_\_\_\_\_

Please list emergency contacts during program hours:

***(Not necessary if continuing registration)***

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell : \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell : \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell : \_\_\_\_\_

Is there anything you would like us to know so that we can be responsive to your child’s needs?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that part of the experience involves activities, group arrangements and interactions that may be new to my child. These things come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks and I am assuming them on behalf of my child. I realize that no environment is risk free and so I have instructed my child on the importance of abiding by the school’s rules. My child and I both agree that he or she is familiar or will become familiar with these rules and will obey them.

I do hereby grant the right to use my or my child’s photograph or image with or without my or my child’s name both single and in conjunction with other persons or objects for any and all purposes including, but not limited to private or public presentations, advertising, publicity, and promotion relating thereto

Signature parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

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Office Use: \_\_\_\_\_ Date: \_\_\_\_\_ init. \_\_\_\_\_