



SHELDRAKE ENVIRONMENTAL CENTER
685 Weaver Street, Larchmont, NY 10538
Tel: 914-834-1443 Fax 914-834-1447
www.sheldrakecenter.org

Summer 2009 Nature Programs

PLEASE PRINT

Date

Name of Child Sex M/F

Grade in fall 2009 Age Date of Birth / /

Parents' Names Home Phone Number

Mailing Address

Parent's Work/Cell #: Email

Doctor's Name Phone #

Emergency Name Phone #

Is there information about your child that will help us to make this experience more enjoyable?

I am enrolling my child in the following Summer Ecology program:

<input type="checkbox"/>	5 days a week	<input type="text"/>
<input type="checkbox"/>	3 days a week	<input type="text"/>
<input type="checkbox"/>	2 days a week	<input type="text"/>

MEDICAL HISTORY - IMMUNIZATION RECORD

Has your child received the following immunizations? Please attach immunization record.

- Diphtheria/Tetanus Toxoid (4 doses)
- Oral Polio Vaccine (3 or more doses)
- Live Measles Vaccine (2 doses)
- Live Rubella Vaccine (1 dose)
- Live Mumps Vaccine (1 dose)

Allergies, Medical Problems, Medications, Special Needs, Special Diet, Restriction on Activity?

Permission to seek treatment

I give permission, in case of a medical emergency, to take my child to a hospital for treatment, to include evaluation of injuries, x-rays and needed care.

DATE	PARENT'S SIGNATURE
------	--------------------

Permission to use photographs of my child

I give permission to use photographs of my child from the program for website, publicity and newsletters.

DATE	PARENT'S SIGNATURE
------	--------------------

Permission for insect repellent and/or sunscreen use

I give permission that my child in case of necessity be applied with insect repellent and/or sunscreen by Sheldrake's staff.

DATE	PARENT'S SIGNATURE
------	--------------------

DISMISSAL INFORMATION

The following people are allowed to pick up _____
Child's Name

1. Name _____
Address _____
Home Phone _____ Business/Cell _____

(Must be completed – even for parent/s)

2. Name _____
Address _____
Home Phone _____ Business/Cell _____

(Must be completed for other parent, nanny, sitter, carpool parent, etc.)

3. Name _____
Address _____
Home Phone _____ Business/Cell _____

(Must be completed for other parent, nanny, sitter, car pool parent, etc.)

Please Note - If someone other than those listed above intends to pick up your child, a signed and dated note must be given to our program director, otherwise the child will not be released.

Parent/Guardian's Signature _____ Date _____

Please return forms to: Sheldrake Environmental Center
685 Weaver Street
Larchmont, NY 10538
Attention: Amy