



FALL 2018 PROGRAM REGISTRATION

(Mail with payment to: Wildwood Nature School, 10126 NW Ash Ct, Portland, OR 97231)

Child's Name: _____ Age: ____ Birthdate: _____
Address: _____
Home Phone: _____
Parent/Guardian: _____ Relationship: _____
Cell #: _____ Email: _____
Parent/Guardian: _____ Relationship: _____
Cell #: _____ Email: _____
Emergency Contact (name and #)

Special medical conditions, allergies, or needs? _____
Insurance name and policy number _____

Medical/Emergency Authorization

In case of emergency, I hereby grant my permission to Wildwood Nature School to authorize emergency treatment and hospital care for my child.

Signature: _____

Media Release

I give permission for my child to be photographed. In addition, I **do/do not** (please circle) give permission for my child's picture to appear on the school's website and in brochures, flyers, print ads, and other print media.

Signature of parent/guardian _____ Date _____

My child will be attending the following fall program (please circle):

- Tiny Seeds Parent Child Class: Wednesdays, September 26 – November 14

Tiny Seeds is \$160 for the 8-week session

(Please make checks payable to Wildwood Nature School.)

