



Wildwood Nature School

SUMMER 2014 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 accident, 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 summer programs (please circle):

- Camp 1: July 7 – 11
- Camp 2: July 14 – 18
- Camp 3: August 4- 8
- Camp 4: August 11 – 15
- Tiny Seeds: Tuesdays July 8 – August 12 from 2:30 - 4:30

Tiny Seeds Class is \$200

Cost per camp is \$180

Hours for all camps are 9:00 – 1:00

Total \$ _____

(Please make checks payable to “Wildwood Nature School.”)