



SUMMER 2017 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 an emergency, I hereby grant 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 10 – 14
- Camp 2: July 24 – 28
- Camp 3: August 7 - 11
- Tiny Seeds Summer: Wednesdays and Fridays, June 28 – July 28 from 2:00 – 4:00

Tiny Seeds Summer 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.")

