



RIVER LEGACY
LIVING SCIENCE CENTER

2010 Nature School Registration Form

Child's Full Name _____ (_____)
First Middle Last name child goes by

_____ Male _____ Female Age as of September 1, 2010* _____ Date of Birth _____

**(Children must be at least 3 or 4 years of age by September 1 and must be fully toilet trained in order to participate in Nature School.)*

Child's Address _____ City, ST _____ Zip _____

Home Phone _____ Cell Phone _____

Is a language other than English spoken in the home? ___ Yes ___ No Please specify: _____

Parent(s)/Guardian(s) Information (**required for admission)

Parent/Guardian 1 _____ Phone _____ SS# (last 4 digits**) _____

Address _____ City, ST _____ Zip _____

Email address _____ Cell Phone _____

Work Phone _____ Place of Employment _____

Parent/Guardian 2 _____ Phone _____ SS# (last 4 digits**) _____

Address _____ City, ST _____ Zip _____

Email address _____ Cell Phone _____

Work Phone _____ Place of Employment _____

Who should be notified if we cannot reach either of the parent(s)/guardian(s) above in case of sickness or accident?

Name Address, City, Zip Phone Relationship

1. _____

2. _____

3. _____

Names and Ages of other children _____

Has your child been or is your child currently enrolled in another licensed care program or pre-school?

___ Yes ___ No If yes, please specify: _____

FORM CONTINUES ON BACK

For Office Use Only

Registration date _____ Class _____ Day(s) _____ Hours _____

Start Date _____ Payment method _____ Amount _____

child's name _____ (cont'd)

Please list any disabilities, special needs, diseases or illnesses that should be brought to our attention _____

Is your child allergic? Please be specific: (examples: stings, specific foods, medications) _____

Is your child asthmatic? Yes No Please be specific : _____

Does your child hear well? Yes No If no, please explain: _____

Does your child see well? Yes No If no, please explain: _____

My child has permission to leave with the following people: (please **include yourself and your spouse** if applicable)

| Name | Address, City, Zip | Phone | Relationship |
|----------|--------------------|-------|--------------|
| 1. _____ | | | |
| 2. _____ | | | |
| 3. _____ | | | |
| 4. _____ | | | |
| 5. _____ | | | |

**Under no circumstances will any child be dismissed to anyone other than one of the adults listed above.
Please inform your child's teacher if you need to make changes to this list during the school year.**

I give my permission for my child to be photographed or videotaped during Nature School class activities. I understand that these photos or videos may be used to promote River Legacy and its Education Programs.

Yes No _____
Parent/Guardian Signature

I give my permission for my child's name and address to be included on a class roster distributed to Nature School families in my child's class. I understand that River Legacy Foundation will not release this roster for general distribution.

Yes No _____
Parent/Guardian Signature