

Registration Form

JUNIOR NATURALISTS CLUB REGISTRATION FORM

Open to children **ages 8 to 12 years**

Cost: \$60.00 per child for the 8 Session Program

Note: Please fill in one application per child

All information received will be treated in a confidential manner

Please Print

CHILD'S NAME _____ AGE: _____

PARENT / GUARDIAN NAME: _____

MAILING ADDRESS: _____

POSTAL CODE: _____ TELEPHONE #: _____

EMAIL ADDRESS: _____

EMERGENCY HEALTH INFORMATION

CHILD'S HEALTH CARD NUMBER: _____

FAMILY DOCTOR: _____ PHONE #: _____

IN CASE OF EMERGENCY WE NEED THE FOLLOWING INFORMATION

CONTACT PERSON: _____ PHONE #: _____

(Contact person must be available during the Saturday program)

Any health concerns or problems that we should be aware of for the running of the program -
such as bee sting allergies, asthma etc.

*** IN CASE OF A MEDICAL EMERGENCY, I GIVE PERMISSION TO HAVE MY CHILD
TAKEN TO THE NEAREST HOSPITAL OR MEDICAL CENTRE.

(Parent or Guardian Signature)