



Registration Form

JUNIOR NATURALISTS CLUB 2024/25 REGISTRATION FORM

Open to children ages 7 to 12 years

Cost: \$40.00 per child for the 8 session program

Note: Please use 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: _____

PHONE #: _____ EMAIL ADDRESS: _____

EMERGENCY HEALTH INFORMATION:

CHILD'S HEALTH CARD #: _____

FAMILY DOCTOR: _____ PHONE #: _____

IN CASE OF EMERGENCY WE NEED THE FOLLOWING INFORMATION:

CONTACT PERSON: _____ PHONE #: _____
(Contact person must be available during the Saturday morning programs)

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 / GUARDIAN'S SIGNATURE

DATE