EMERGENCY AND MEDICAL FORM

FRIENDS OF RYE NATURE CENTER
Nature At Your Doorstep

The following information is required by the New York State Health Department.
We cannot accept your registration without this form completed front and back and signed.

Name of Camper: _____

Parent's/Guardian's Name: _____

Home Phone: _____ Cell: _____ Work: _____

Emergency Contact – Name: _____ Phone: _____

Doctor's name: _____ Phone: _____

I am willing to let the above child participate in the activities of the 2013 Rye Nature Center Summer Ecology Program. In a medical emergency, I give the Center permission to take my child to a hospital for examination and treatment of injuries, x-rays and other necessary care.

_____ Date: ___/___/_____
Signature of parent/guardian

Camper's date of birth: _____

Is your child subject to asthma, any allergies, diet restrictions, limits on activities, or other medical problems? (Please circle) YES NO

If YES please explain:

_____
_____
_____

Does your child have any learning, emotional, or behavioral issues? (Please circle) YES NO
If YES, please explain and let us know the best way to handle the issues:

_____
_____
_____

Are there any other circumstances concerning your child that we should know about?

_____
_____
_____

Dates of immunizations (specific dates MUST be provided) or attach copy of immunization record:

DPT: ___/___/_____	POLIO: ___/___/_____	MMR: ___/___/_____
Hep B: ___/___/_____	HIB: ___/___/_____	Varivax (Varicella): ___/___/_____

THANK YOU!

PLEASE RETURN THIS FORM TO FRIENDS OF RYE NATURE CENTER, 873 BOSTON POST ROAD, RYE, NY 10580 OR FAX TO 914.921.5968.
www.ryenaturenature.org info@ryenaturecenter.org

REGISTRATION FORM

Please use one copy of this form per child.
Download additional copies at www.ryenaturecenter.org.

Camper's Name:_____ Date of Birth:___/___/_____

Grade entering next fall:_____ Tee shirt size: XS S M L XL

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Email Address(es) Where Communication Should Be Sent: _____

Parent/Guardian One Name: _____ Parent/Guardian Two Name:_____

Cell Number One: _____ Cell Number Two: _____

Work Number One: _____ Work Number Two: _____

Emergency Contact in the Event Parents/Guardians Cannot Be Reached (DO NOT LIST YOURSELF):

Name: _____

Home Number: _____

Cell Number: _____

Email: _____

SELECT GROUP	GRADE	TIME	FEE
Explorers	Entering Pre-K or K	9:00 am – 12:00 pm	$265 per week
Discoverers	Entering K - 5th	9:00 am – 3:00 pm	$390 per week
Naturalists in Training	Entering 6th - 8th	9:00 am – 3:00 pm 9:00 am – 8:00 pm (Thursdays)	$455 per week

Create Your Package	Session	Date	Fee
Session 1	Extreme Ecosystems	June 24 – 28th	
Session 2	Jaws & Claws	July 1st – 3rd, 5th	
Session 3	Get Swamped	July 8th – 12th	
Session 4	Not-So-Scary Movie Week	July 15th – 19th	
Session 5	The Amazing RNC Race	July 22nd – 26th	
Session 6	NSI: Nature Science Investigation	July 29th – Aug 2nd	
Session 7	This Week is Classified	August 5th – 9th	

Family Membership (if not already a member) - $75 yearly fee	
Additional Contribution to the FRNC Scholarship Fund	

The first week of camp can be pro-rated for students who are still finishing up school.
Session 2 prices are as follows: Explorers: $212, Discoverers and Naturalists: $312. No other weeks may be pro-rated.

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WWW.RYENATURENATURE.ORG • INFO@RYENATURECENTER.ORG

TOTAL (ENCLOSE CHECK)	