

Nature Camp at Tauxemont Registration Form

2011



Camper Name _____
 Nickname _____ Age _____
 Birth Date _____ Male _____ Female _____
 Name of Parent/Guardian _____
 Address _____
 City _____ Zip _____
 Phone _____ (h) _____ (w)
 _____ (c)
 E-mail _____

Camp Fees - per week

Morning Camp \$135 members / \$150 non-members
 Afternoon Camp (must be 4 by June) \$125 members and non-members

Please circle session(s) child will attend Nature Camp at Tauxemont.

Week 1	Week 2	Week 3	Week 4	Week 5
June 13 - 17	June 20 - 24	June 27 - July 1	July 4 - 8	July 11 - 15
		AM PM Both	AM PM Both	

AM sessions _____ X _____ = _____

PM sessions _____ X _____ = _____

total amount due _____

Please make checks payable to Tauxemont Preschool

Each camper receives a Nature Camp T-shirt. Please circle appropriate size.

x-small (2 - 4) small (6-8) medium (10 - 12)

Proof of Identity and Age - fill in information below and bring proof of identity & age to Open Enrollment on May 2nd

Place of Birth _____ Birth Date _____

Birth Certificate Number / Other Form of Proof _____ Date Issued _____

Do not write in box below

Signature of Camp Director _____	Date Verified _____
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Tauxemont
COOPERATIVE PRESCHOOL

7719 Fort Hunt Road, Alexandria, VA 22308, (703)765-9266, www.tauxemont.org

Health Form

If not available for an Emergency please contact:

Name/Relationship _____ Phone: day _____
 Name/Relationship _____ Phone: day _____

Health History

Please list all allergies including Drug/ Food/ Animal/ Plant. Use additional sheet to describe symptoms of allergies and details of illnesses or health restrictions, if applicable for this child (or N/A if not applicable)

Date of Tetanus shot _____ Are other immunizations up-to-date? ___Y ___N

If no, please state reason _____

Weight (used to determine medicinal dosages) _____

Medicines being taken _____

Special needs _____ Dietary _____ Physical _____ Emotional _____ Learning _____
 _____ ADD/ADHD _____ Sensory _____ Other _____

Please provide comments where applicable

List Participation restrictions

Family Physician _____ Phone(____) _____

Health Insurance Company _____ Policy # _____

The health history above is correct as far as I know, and the person herein described has my permission to participate in all prescribed camp activities except as noted. If she/he appears to be ill, I will not send her/him to the program.

Signature _____ Date _____

Medical Authorization and Release: Should my child sustain or incur any accident or illness while attending programs sponsored by the Nature Camp at Tauxemont Preschool, and attempts to contact myself or emergency contact fail, I hereby authorize Nature Camp at Tauxemont Preschool director to execute any and all documents on my behalf including necessary releases, which might be required by a medical facility to perform emergency care.

Photo Release: I understand that Nature Camp at Tauxemont Preschool may use photographs and or videotapes of my child for public relations.

My child may be given (circle all applicable): Tylenol Neosporin
 Ibuprofen Sun Screen Oral Benadryl Topical - Benadryl

Signature _____ Date _____

