

**FAMILY NATURE SUMMIT™
JUNIOR NATURALIST ENROLLMENT FORM**

(Complete one form for each child)

The Junior Naturalist Program for children ages 5-13 runs from 8:00 a.m. to 12:00 p.m. and 1:00 to 3:30 p.m. Unless children are on a fieldtrip, they will eat lunch with their adult family members around 12:00 each day. For adults involved in all day fieldtrips, child care is available in the early morning, during lunch and from 3:30 – 5:00 p.m. following the youth program. **Childcare fees are \$12.00 per hour, per child.**

I consent to my son's/daughter's participation in the Family Nature Summit™ Junior Naturalist Youth Program. The information below is as complete as possible to help ensure that my child has the best educational/recreational opportunity. This information may be released to Cal Poly Humboldt staff on a "need to know" basis. This information will remain confidential.

Signature of Parent or Guardian _____ **Date** _____

Parent's or Guardian's Name (please print) _____

Child's Last Name _____	First Name _____	Nickname _____
Address _____	City & State _____	Zip _____
Room number (if known) _____	Child's Age as of the Summit _____	Date of Birth _____
Male ___ Female ___ Other ___	Grade just completed _____	Parent Email Address _____
Parent Home Phone _____	Parent Mobile Phone(s) _____	

Has he/she been to a Summit before? _____ When? _____

Buddy request? _____ Buddy's name _____ Relationship _____

Note: children need to be within one year of same age to be placed together as buddies

Vegetarian? Yes No. Any other special diet _____

Describe current health condition _____

Does your child have any physical activity limitations or disabilities? _____

If so, describe any accommodations he/she might need _____

Past health history (list any serious illnesses or hospitalizations) _____

Current medications (prescription or over-the-counter) and list dosage times and amounts _____

Does your child carry an inhaler or Epi-pen? _____

List all allergies to food, medicine, other (insect sting or bite, poison ivy) and preferred treatment methods or remedies that are required _____

Please check any of the following that apply to your child:

- _____ Sensitive to heat and humidity
- _____ Has had previous outdoor camp/group experience
- _____ Has recently experience a major family change (divorce, new baby, death, serious illness, new home, etc.)
- _____ Exhibits some aggressive behaviors, such as biting or kicking
- _____ Has been overnight away from the immediate family

Special interests/hobbies (outdoor and indoor) _____

Any behavior issues the staff should be aware of? If so, when do they occur? And, what is the best way to re-direct your child when they occur? _____

Expectations of parent and child for program _____

Please provide any other information that will help us be more familiar with your child's habits and/or routines _____

List approximate days/times childcare services will be needed (we know this may change) _____

SPECIAL NOTES

The Youth Program ends each day at 3:30 p.m. unless otherwise noted. **Please note that it is CPH Policy no child under the age of 18 may be alone on campus. An adult must be with the child at all times. Therefore, a child must be picked up by an adult after the program or be at Child Care until an adult is available.**

Please complete the following information on releasing your child at the end of each day:

_____ **Children may not leave the program on his or her own.** A family member will pick up my child at the end of the program. (After 3:30 p.m. children not picked up will be brought to Child Care for supervision at a cost of \$12.00 per hour.)

_____ I will need child care for my child following the youth program from 3:30 to 5:00 p.m.
IMPORTANT:For planning and staffing purposes, once you have made your course selections, please sign up for specific child care hours using the childcare worksheet available on the website.

Please indicate the days and times you will need childcare for the week and return the form by July 1, via email (youth@familynaturesummits.org). Should your schedule change or additional child care hours be necessary, sign up will be available on opening day and during the week. All onsite child care registrations must be made at least **24 hours in advance.**

ACKNOWLEDGEMENT OF BEHAVIOR POLICY

I acknowledge that I have read the Child Behavior Policy contained in the Jr. Naturalist Program Parent Handbook and that I understand the behavior that is expected from my child to participate in the Junior Naturalist Program. I have read or explained the behavior expectations to my child and we agree that my child will behave appropriately and that any misbehavior will be dealt with according to the policy.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

_____ **Date:** _____

HEALTH AUTHORIZATION

After making reasonable effort to reach me, Family Summits, Inc. have my permission, in the event they determine the need exists, to contact our family physician or to take my child to the emergency room of the nearest hospital. The physician and/or the hospital, as the case may be, have my authorization to provide any treatment which they deem necessary for the well-being of my child.

SIGNATURE(S) OF PARENT(S) AND/OR LEGAL GUARDIAN(S)

_____ **Date:** _____

_____ **Date:** _____

Parent's or Guardian's Name (please print) _____

Family Physician _____ **Phone #** _____

Address _____

Medical Insurance Carrier _____ **Policy#** _____