

FAMILY NATURE SUMMIT™
JUNIOR NATURALIST ENROLLMENT FORM

(Complete one form for each child)

The Junior Naturalist Program for children ages 5-12 runs from 8:00 a.m. to 12:00 p.m. and 1:00 to 3:30 p.m. Unless children are on a field trip, they will eat lunch with their adult family members around 12:00 each day. For adults involved in all day field trips, child care is available in the early morning, during lunch and from 3:30 - 5:00 p.m. following the youth program. If you will need child care in the afternoons, please indicate so at the end of the form. Once you arrive at the Summit, you will need to sign up at the registration area for specific child care hours. Should your child care needs change during the week, daily registration can also be made from 7:45-8:00 am, 12:15 pm-12:45 pm in the Dining Room and in the Children's Pavilion from 1-5 pm. All onsite childcare registrations must be made **24 hours in advance**. **Childcare fees are \$5.00 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. All information is 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** _____

Lodge room number (if known) _____ **Child's Age as of the Summit** _____ **Date of Birth** _____

Male _____ **Female** _____ **Grade next fall** _____ **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 complete the following information on releasing your child at the end of each day:

My child does not have permission to leave the program on his or her own. A family member will pick up my child at that time. (After 3:30 p.m. children not picked up will be brought to Child Care for supervision at a cost of \$5.00 per hour.)

My child has permission to leave the Youth Program on his or her own. Except on the following days:
(May be completed or adjusted during registration at Summit)

I will need child care for my child following the youth program from 3:30 to 5:00 p.m. Please register for specific afternoon child care hours at opening day registration or daily in the Dining Room. 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#** _____