



# Nature's Nursery 2016-2017

## General Info:

- Nature's Nursery is designed for 2 and 3 year olds; participating children must be 2 years old by September 1. Any child older than 3 years of age on December 1 is ineligible to participate.
- Authorization: We require an original signature of a parent/guardian for our records.
- Registration recommended 30 days prior to first day of program session.
  - Whole Session
    - Members \$150 (\$15 per class, 10 classes per session)
    - Non-Members \$170 (\$17 per class, 10 classes per session)
    - 2<sup>nd</sup> child is \$30 off, 3<sup>rd</sup> child is \$50 off.
  - Daily, no multi-child discount will be applied to daily rates
    - Members \$16 per session
    - Not-Yet-Members \$18 per session

## Program Times and Dates

- Nature's Nursery runs for 10 program days on Fridays from 9:30 to 11:30 am.
- Nature's Nursery will follow the Sherburne Earlville Central School District closing schedule. If school is delayed for any reason, Nature's Nursery will be cancelled.

**Fall Session: September – December**

**Winter Session: January – March**

**Spring Session: April – June**

## Items your child must bring to Nature's Nursery:

- Clothing appropriate for the weather (ie. snow pants, hats, gloves, boots, etc.),
- One change of shoes (closed-toe shoes only)
- Diapers and wipes
- Two changes of clothes (including socks!)
- Labeled sippy-cup or water bottle for water (no refrigeration will be available)
- Please apply sun screen and bug spray prior to your child's arrival at Nature's Nursery

If you have questions, please call Rogers Center at: (607) 674-4733 or email: [kidscoordinator@FriendsofRogers.org](mailto:kidscoordinator@FriendsofRogers.org)

Please keep this sheet for your records.

"Together we can create a world where every child can play, learn and grow in nature."

~Children & Nature Network~

# Nature's Nursery

Child's Name: \_\_\_\_\_

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# Nature's Nursery

Child's Name: \_\_\_\_\_

Child's name:	DOB:	Age	M/F	Grade
Parent/Guardian	Phone		Phone	
Parent/Guardian	Phone		Phone	
Address:	City	State	Zip	
Email (registration confirmation and communication)				

Emergency Contact (if parent/guardian cannot be reached)			
Address:	City	State	Zip
Relationship	Phone	phone	

**Please check the session(s) desired:**

- Fall**  
*September - December*
- Winter**  
*January - March*
- Spring**  
*April - June*

How did you hear about this program? (Please check all that apply)

- News Paper/Magazine
- Rogers Website
- In person at the Rogers Center
- Word of mouth
- Facebook
- Other \_\_\_\_\_

# Nature's Nursery

Child's Name: \_\_\_\_\_

## Health Information:

Physician:		Phone:	
Address:	City	State	Zip

## Medical insurance Information:

Insurance Company:	ID#:
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## Health History: Please check any that apply and approximate date:

Allergies	Diseases/Conditions	
Hay Fever	Asthma	Heart Murmur
Poison Ivy	Chicken Pox	Diabetes
Insect stings	Measles	Convulsions
Penicillin	German Measles	Fainting
Other drugs	Mumps	Chronic/Recurring Illness
Foods	Hepatitis	Operations
Other Allergies	Rheumatic Fever	Serious Injuries

If you need to elaborate on any of the above please do so here. ***If there is additional information you feel we should know to help your child have the best experience, please share it here as well.***

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In order for your child to participate in Nature's Nursery, please submit a copy of your child's immunization history. If no history exists, please attach a note to this form. Failure to provide immunization information may be grounds for non-acceptance to Nature's Nursery.

## Custody Information:

To ensure, to the best of our ability, the welfare and safety of all our participants of Natures Nursery, *you must come in to the Visitors Center to sign your child in and out.* Only those authorized here on your child's information form may pick your child up. We will not release your child to anyone not included on this form.

Please list the names of those individuals who may pick up your child. If there are any changes please let us know as soon as possible. We will go by these names until a change is submitted in writing

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**Authorization:** This health history is correct so far as I know, and the person herein described has permission to engage in all activities at Rogers Center. In the event I cannot be reached in an emergency at the above numbers, I hereby give permission to Friends of Rogers to secure transportation (i.e. ambulance, care flight) and permission to the physician selected by the Rogers Center to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above. Cost for transportation and medical treatment will be billed directly to me by issuing authority. Friends of Rogers has my permission to take and use pictures of my child partaking in Nature's Nursery. I understand that these pictures may be used in the promotion of Friends of Rogers.

Parent/Guardian Signature:	Date:
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