



Nature's Nursery 2018-2019

General Info:

- Nature's Nursery is designed for 2 through 6 year olds; participating children must be 2 years old by September 1.
- 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)
 - 2nd child is \$30 off, 3rd 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 per session
- 4-6 year olds, select Wednesdays from 12:00 to 2:30 pm
- 2-5 year olds, select Fridays from 9:30 to 11:30 am.
- Nature's Nursery will follow the Sherburne Earlville Central School District closing schedule.

Fall Session: 2-5 year olds: September 21– December 7

4-6 year olds: September 26 – December 5

Winter Session: 2-5 year olds: January 4 – March 22

4-6 year olds: January 9 – March 20

Spring Session: 2-5 year olds: April 5 – June 14

4-6 year olds: April 3 – June 12

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 (if applicable)
- 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

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~

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Child's Name: _____

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Child's Name: _____

Child's name:	DOB:	Age	M/F	Grade
Parent/Guardian	Cell Phone		Phone	
Parent/Guardian	Cell Phone		Phone	
Address:	City	State	Zip	
Email (registration confirmation and communication)				
Are you on Facebook? Y N Please join Rogers Environmental Education Center's closed group, Nature's Nursery				

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 2018-2019

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.***

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

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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