Registration and payment deadline is June 20, 2019. Your child will be officially enrolled to participate once this application along with payment is received. If applying for scholarship assistance, submit this registration by 5/31 and then you will be notified of approval and your child’s adjusted fee by 6/5 (final payment, if applicable, will be due by registration deadline 6/20)
REGISTRATION PART B - HEALTH HISTORY
Provide complete information so that we can be aware of your child’s needs.

EXPLAIN any medical conditions such as asthma, diabetes, etc.

ALSO DESCRIBE allergy triggers, reactions and management of the reaction.

Parents or guardians of children with disabilities who may need accommodations should contact a field station staff person at 315-312-6677 upon registering.

Required for all participants is a photocopy of applicant child’s Record of Immunizations, obtained for submission on the physician's stationery (please attach).

☐ yes or ☐ no I have attached an up-to-date record of immunizations for the applicant child

REGISTRATION PART C - PAYMENTS

Check the Exploring Nature session(s) for ________________________________ (Child’s Name)

ARE YOU AN RCA MEMBER? ☐ YES ☐ NO

IF NOT AN RCA MEMBER, FOR YEAR 2019 ALL EN REGISTRATION FAMILIES WILL RECEIVE A COMPLIMENTARY MEMBERSHIP THROUGH YEAR 2019

<table>
<thead>
<tr>
<th></th>
<th>acman Member</th>
<th>Non-Member</th>
<th>TOTAL (per child)</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 8 to 12</td>
<td>$130</td>
<td>n/a for 2019</td>
<td></td>
</tr>
<tr>
<td>July 15 to 19</td>
<td>$130</td>
<td>n/a for 2019</td>
<td></td>
</tr>
</tbody>
</table>

Amount Due $ ______

☐ I am applying for registration assistance through the RCA Scholarship Program ☐ I am not applying

(If applicable, your adjusted registration fee(s) will be determined by June 5th then due by June 20th deadline)

TOTAL NUMBER PERSONS in household _____

TOTAL ANNUAL INCOME of household____________________

By submitting this EN registration, either electronically or in print, I certify that all statements and all enclosed attachments are true and complete. I understand that any false statements or deliberate omissions may be grounds for disqualification from the program.

Parent/Guardian SIGNATURE X __________________________ Date__________

EN REGISTRATION CHECK-LIST
☐ Page 1 & 2 completed, with parent/guardian signature
☐ Immunization Records attached
☐ Payment fees paid

EMAIL your completed registration materials to: rcfs@oswego.edu (subject line: EN 2019 — REGISTRATION) & PAY ON-LINE

MAIL registration materials with check PAYABLE TO: COLLEGE FOUNDATION-Rice Creek, to:

EN 2019 — REGISTRATION, Rice Creek Field Station, SUNY Oswego, Oswego, NY 13126

DROP-OFF to Rice Creek staff, 193 Thompson Road, Oswego, NY 13126 (first call 315-312-6677 to ensure staff is available)