



Immunization records **required** for participation.

Exploring Nature REGISTRATION MATERIALS

Rice Creek
FIELD STATION
State University of New York
at Oswego

Your child will NOT be allowed to participate without the COMPLETED requested forms on file.
Complete one set of materials for each child and return them by the deadline.

In accordance with the SUNY-wide Child Protection Policy, our program: Exploring Nature, will be limited by age group in order to meet the required ratio of children to staff.

Age 5	6 children	Age 8	8 children
Age 6	8 children	Age 9-10	10 children
Age 7	8 children	Age 11-13	10 children

With this information in mind, please register your child(ren) early to ensure their participation in the program.

EN 2017 REGISTRATION FORM - PART A

Child's Full Name (first, last): _____ **Child's School:** _____

Birth Date (mo/day/yy): ____ / ____ / ____ **Current Grade:** _____

Gender: Male Female **Attended EN last year?** yes no

EMERGENCY CONTACT
(& relationship to your child)

Custodial (Parents/Guardians)			
Full Name (first, last)			
Address			
City			
State & Zip			
Phones (home, work, cell)			
Email			

BEHAVIOR CODE

I have read the Behavior Code below and discussed it with my child.

Participant safety is a high priority. These rules are meant to ensure your children have a safe and enjoyable experience.

1. I will be respectful to all living things (people, animals, plants) while attending Exploring Nature (EN).
2. I will follow instructions from the EN staff.
3. I will respect the property.

Failure to comply with the above expectations will result in discussion between the child, EN staff, and the parent/guardian and possible removal from the program.

PHOTO RELEASE

yes no I give permission to use photos in which my child appears for Exploring Nature publicity.

CHILD DROP-OFF AND PICK-UP INFORMATION

We require that you (or a designated person) go to the group's meeting spot each day to sign in and sign out your child.

In addition to the parents, guardians or contact people listed above, the following persons are authorized to pick up my child.

Name _____ Relationship to your child _____

Phones (Home, Work, Cell) _____

Name _____ Relationship to your child _____

Phones (Home, Work, Cell) _____

EN 2017 REGISTRATION FORM - PART B

HEALTH HISTORY

Provide complete information so that we can be aware of your child's needs.

EXPLAIN any medical considerations such as asthma, diabetes, etc. or special needs such as vision, hearing, language, etc.

DESCRIBE allergy triggers, reactions and management of the reaction.

EXPLAIN any restrictions to activity such as recent injuries or what cannot be done.

SPECIFY any special diet and condition.

*Parents or guardians of children with disabilities who may need accommodations should contact:
Dr. Diann C. Jackson at 315-312-6678 or email diann.jackson@oswego.edu upon registering.*

EN 2017 REGISTRATION FORM - PART C

To register for the program, remember to complete the registration form, Parts A, B and C, Medical Authorization Form and Immunization Records then send them with your payment. Your complete registration materials can be sent by email, U.S. mail or dropped off at Rice Creek. If you email your registration materials, then your registration will not be processed until payment is received. A limited number of needs-based scholarships are available for those who qualify.

Check the Exploring Nature session(s) for _____
(Child's Name)

		RCA Member	Non- Member	TOTAL (per child)
✓	<input type="checkbox"/> July 10 to 14	\$165	\$180	
✓	<input type="checkbox"/> July 17 to 21	\$165	\$180	

Amount Due \$ _____

- ✓ I have submitted a Scholarship Application.
I understand that my EN payment is deferred and is due when scholarships have been determined.
- ✓ Cash enclosed.
- ✓ Check enclosed, payable to: Oswego College Foundation, Inc. - EN 2017
- ✓ I have paid online at www.oswego.edu/ricecreek/programs
- ✓ Charge my credit card according to the information provided below:

BILLING INFORMATION



Account # _____ Exp. Date _____ Security Code _____

✓ I authorize payment be submitted to my credit card OR Card Holder Signature _____

Please complete even if it is the same as Part A information

Name _____ Billing Address _____

City _____ State _____ Zip _____

Email _____ Home Phone _____

EMAIL your completed registration materials to: diann.jackson@oswego.edu (subject line EN 2017 — REG)

MAIL your completed registration form with cash or check payment or credit card information to:

EN 2017 — REG, Rice Creek Field Station, SUNY Oswego, Oswego, New York 13126

* MEDICAL AUTHORIZATION *

For Emergency Treatment of Minor at Oswego Hospital
for a child attending *Exploring Nature*, SUNY Oswego

Name of Minor _____ Date of Birth _____

In the event that I/we cannot be reached, I/we, being the parent(s) or legal guardian(s) of the above named minor do appoint: [Do not select Exploring Nature or RCFS staff.]

Name: _____ Address: _____ Phones: _____

to act in my/our behalf in authorizing emergency medical, dental, surgical care and hospitalization for the above named minor during the period of: [check the appropriate dates]

Week 1 - July 10 to 14, 2017 **Week 17 - July 17 to 21, 2017** **in my/our absence.**

This document shall be presented to a physician, dentist, or Oswego Hospital representative at such times as emergency, medical, dental, surgical care or hospitalization may be required.

Parent/Guardian Name _____	Witness Name _____ <small>Spouse or other adult</small>
Signature <input checked="" type="checkbox"/> _____	Witness Signature <input checked="" type="checkbox"/> _____ <small>Spouse or other adult</small>
Address _____	Address _____
State _____ Zip _____	State _____ Zip _____
Phone () _____	Phone () _____
Date _____	Date _____

Hospitalization Coverage for Above Named Minor

Insurance Company or Government Program: _____ I.D. or Contract Number: _____

Pediatrician

Name and Telephone Number: _____

Family Physician(s)

Name and Telephone Number: _____

Required for all participants is the **signed medical authorization form** as well as a **photocopy of your child's Record of Immunizations** obtained from your physician and submitted on the **physician's stationery**.

yes or no Are immunizations for above named minor current and up-to-date?
Allergies/Medical Considerations: _____ Current Medications: _____

By submitting this EN registration, either electronically or in print, I acknowledge that the statements on these materials are true. My child presents no hazard from contagious and communicable diseases and is in good general physical and mental health.

Parent/Guardian SIGNATURE _____ Date _____