

**Capen Hill Nature Sanctuary** (56 Capen Road)  
P.O. Box 218 Charlton City, MA 01508 Phone: 508-248-5516  
**Capen Hill April Vacation Program 2010** : April 19<sup>th</sup>-23<sup>rd</sup>.  
Fee: Members \$115 Non-Members \$130

**REGISTRATION FORM**  
**ONLY ONE CHILD ON EACH FORM PLEASE.**

Please Print Clearly:

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

Parent or Guardian.s Name \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Home Address: \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency: If we can not be reached please call:

Name \_\_\_\_\_ HomePhone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Does your child have any allergies or health concerns we should be aware of? Yes No

If yes please explain: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Please have child bring a snack and lunch and dress accordingly to weather.**

Payment: Ch# \_\_\_\_\_ Cash \_\_\_\_\_

MC/VISA# \_\_\_\_\_ Exp.Date \_\_\_\_\_ Signature \_\_\_\_\_

3-digit code on back of card: \_\_\_\_\_

**PARENTAL PERMISSION WAIVER**

I hereby authorize the staff of Capen Hill Nature Sanctuary to act for me in accordance, with their best judgment in any emergency requiring medical attention. I understand that the director of Capen Hill Nature Sanctuary may, if necessary for my child's health, have him/her hospitalized or use outside medical, surgical or dental care. I hereby waive and release Capen Hill Nature Sanctuary for expenses incurred due to sickness or accidental injury sustained while participating in camp activities. I also understand that the director and/or camp leaders may dismiss my child from Capen Hill Nature Sanctuary if, in their opinions, his/her conduct or influence is not in the best interest of the entire group. No refund is given if such action is taken for discipline reasons.

Date \_\_\_\_\_, Signature \_\_\_\_\_, Relationship \_\_\_\_\_

**Additional Information Needed:**

Does your child have any food allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please explain: \_\_\_\_\_

My child is allowed to have food served during program:

Ice cream that they make, popsicles, crackers, fruit, etc.

Childs Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

My child is not allowed to have food served during program:

Child's Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

This program must comply with the regulations of the Massachusetts Department of Public Health and be licensed by the local board of health. Parents or guardians have the right to view background checks, health care and discipline policies as well as procedures for filing a grievance. Contact the director at (508) 248-5516.