



FEBRUARY VACATION PROGRAM

Place: Capen Hill Nature Sanctuary, 56 Capen Road, Charlton, MA 01507

Date: February 20-24, 2012

Time: 9:00-3:00

Age: 5-12

Cost: \$130 for non members/ \$115 for members/\$90 for each additional child.

Contact: Barbara Frederick 508-248-5516 or 508-736-3974.

E-Mail: capenhill@charter.net

Mailing Address: Capen Hill Nature Sanctuary, P.O. Box 218, Charlton City, MA. 01508

Call to register. Form can be sent to above address. Thanks!

FEBRUARY VACATION PROGRAM AT CAPEN HILL NATURE SANCTUARY

Are your children in need of a fun, educational alternative to playing couch potato during February school vacation? Are your home-schoolers suffering from cabin fever and in need of a change of scenery?

Capen Hill Nature Sanctuary will offer a 5 day program during school vacation week [February 20-24] at the Sanctuary Learning Center, 56 Capen Road in Charlton. The program will run from 9 a.m. to 3 p.m. each day and will provide discovery sessions focusing on nature during mid-winter New England in contrast to mid-winter in Hawaii! The combination of crafts, games, stories and sensory sessions (touching, tasting, smelling, seeing, and hearing) will provide a variety of indoor experiences. Outdoor explorations will take place as weather and temperature allow. Children will also get to know the animal residents that make the visitor center their home!

This program is appropriate for students ages 5-12. Enrollment is limited to 20 children. For more information or to register please phone Barb Frederick, Sanctuary Director, at 508-248-5516, cell # 508-736-3974 or email capenhill@charter.net.

Registration Form on Next Page

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 staff 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 program 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, 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.