2024 PLATT NATURE CENTER REGISTRATION FORM

ONE STUDENT PER APPLICATION / MAKE COPY IF NECESSARY

Student:		Date of Birth:		
Session:				
Address:		Phone:		
Email address:				
<u>SESSION</u>	ENTERING GRADE	<u>DATE</u>	<u>TIME</u>	F <u>EE</u>
STOP LOOK & LISTEN	1 and 2	July 8th-July 12th	9 am-3:00 pm	\$250
LET'S FIND OUT	3 and 4	July 15th-July 19th	9 am-2:00 pm	\$250
ADVENTURE RANGERS	5 and 6	July 22nd—July 26th	9 am-2:00 pm	\$275
The fee of \$275 for Adver	ture Rangers include	s the program costs of	the CT River Muse	eum
Emergency Contact(s) (ot	her than parent/guard	lian):		
NAME:		PHONE:		
I give my child permission	to participate:			
NAME:		PHONE:		
Day with Day	al online or make ch	ack navable to PNC	& mail with this form	to:

Pay with PayPal online or make check payable to PNC & mail with this form to:

Platt Nature Center, P.O. Box 825, Killingworth CT 06419

ENROLLMENT IS LIMITED. Classes fill early!

If your child has special needs or concerns, please include a note with your registration explaining those needs, or have a conversation with us, on or before the first day. It's very important to us that your child is understood and has the best experience possible!

An email confirming enrollment will be sent. We'll notify you if a program is full.

One registration form per child PLEASE!

Medical information forms will be available on the first day of each program to be filled out by an adult. Please remember to bring Dr. info and emergency contact info.

Remember No Flip Flops!

Visit our website: www.killingworthlandconservationtrust.org