
2019 PLATT NATURE CENTER REGISTRATION FORM

ONE STUDENT PER APPLICATION - MAKE COPIES IF NECESSARY

Or register online at www.killingworthlandconservationtrust.org

Student Name: _____ Date of Birth: _____

Session: _____ Parent email: _____

Address: _____

Home Phone: _____ Cell 1: _____ Cell 2: _____

| SESSION | ENTERING GRADE | DATE | TIME | FEE | AMT ENCLOSED |
|--------------------|----------------|-----------------|---------------|-------|--------------|
| KNEE HIGH NATURE | Pre-K-K | June 24-June28 | 9 am-11:15 am | \$100 | _____ |
| STOP LOOK & LISTEN | 1 and 2 | June 24-June28 | 12 pm-3:00 pm | \$125 | _____ |
| LET'S FIND OUT | 3 and 4 | July 8-July12 | 9 am-2:00 pm | \$200 | _____ |
| ADVENTURE RANGERS | 5 and 6 | July 15-July 19 | 9 am-2:00 pm | \$215 | _____ |

Make check payable to PNC & send with this form to: Platt Nature Center, P.O. Box 825, Killingworth CT 06419

ENROLLMENT IS LIMITED. Classes fill early. A postcard confirming enrollment will be sent. We will notify you if a program is full.

I give my child permission to participate in The Platt Nature Center Summer Program:

Signed: _____ Relationship to Child: _____

Remember: NO Flip Flops!

Visit our website: www.killingworthlandconservationtrust.org
& Facebook: www.facebook.com/plattnaturecenter