
2020 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: _____

Email: _____

SESSION	ENTERING GRADE	DATE	TIME	FEE	AMT ENCLOSED
KNEE HIGH NATURE	Pre-K-K	July 6th-10th	9 am-11:15 am	\$110	_____
STOP LOOK & LISTEN	1 and 2	July 6 th -10th	12 pm-3:00 pm	\$130	_____
LET'S FIND OUT	3 and 4	July 13 th -17th	9 am-2:00 pm	\$215	_____
ADVENTURE RANGERS	5 and 6	July 20 th -24 th	9 am-2:00 pm	\$225	_____

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 or email 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