



School's Out for the 2010-2011 School Year

Parents,

Need a place to bring your children when schools are closed? Bring them to The Howard County Conservancy for our School's Out Nature Program. These educational programs will be held on select days when Howard County Public Schools are closed to students. These programs will include educational games, activities, and crafts emphasizing all the wonders of the changing seasons. Children will discover and explore the variety of natural habitats as life flourishes all around them. For children ages 5 to 11.

Full-Day Program:

8:30 am to 3:30 pm

\$40 per Child

Before care is available starting at 8:00am for an additional \$5

After care is available from 3:30 to 5:30 for an additional \$10

Program Dates and Topics

2010

September 3 - Monarch Madness
September 9 - Stream Exploration
September 14 - Reptiles & Amphibians
October 15 - Owls and Other Bird Species
November 2 - Harvest Time
November 5 - A Season of Change
November 24 - Native American Traditions

2011

January 24 - Learning How to Track
February 18 - Reduce, Reuse, Recycle
March 11 - Bring on the Spring
May 13 - Stream Exploration, Part 2

A limited number of students will be permitted each session, and registration is required. Please be sure to pack your child a lunch, snack and water bottle. Children will be hiking, so make sure they are dressed appropriately. It is always a good idea to pack extra clothes and shoes for your child, in case they get messy!

Pre-registration is required. To register, complete the form on our website or contact Tabby Fique at The Howard County Conservancy. **Please note that your child is not officially registered until you have confirmation from Conservancy staff.** Payments can be mailed to the Howard County Conservancy, PO Box 175, Woodstock, MD 21163. Payments must be received in full before the scheduled program date. No refunds will be given within 15 days of the scheduled program. For more information or to register, please contact:

Tabby Fique, Education Director
(410)465-8877
Email: tabby.fique@hcconservancy.org
Visit our website at hcconservancy.org

**SCHOOL'S OUT Nature
Program
Registration 2010-2011
(1 form per child)**



**Howard
County
Conservancy**

connecting people to nature

Parent Information

Name of parents/guardians: _____

Address: _____
Street City State Zip

Home phone: _____ E-mail: _____

Business phone: _____ Cell phone: _____

Student Information

Child's name: _____ Nickname: _____

Date of Birth: _____ Age: _____ Sex: ___ M ___ F

School's Out Sessions

Please check which sessions you are registering for:

Fall 2010:

September 3 _____

September 9 _____

September 14 _____

October 15 _____

November 2 _____

November 5 _____

November 24 _____

Winter/Spring 2011:

January 24 _____

February 18 _____

March 11 _____

May 13 _____

Student Special Needs

Please explain any special learning, medical or behavioral needs your child may have:

Pick-Up Authorization

Please list all of the people who are authorized to pick-up your child from the Conservancy:

Time

Extended Day: ____ No ____ Yes

If Yes:

Time of Afternoon Pick-up: _____

(Please let the Conservancy staff know if your child requires extended care when you register. We need to know ahead of time.)

Waiver

I am aware that while participating in a program or activity arranged by the Howard County Conservancy, certain risks and dangers may be present, including but not limited to those generally associated with certain activities, accidents, illness and forces of nature. I agree to indemnify and defend the Howard County Conservancy and hold it harmless from and against any and all claims, suits, damages, liabilities and expenses, including attorney's fees and the Conservancy's costs of defense in connection with the loss of life, personal or bodily injury and/or damage to or loss of property that arises from the participation of _____ (name of participant) in _____ (name of activity or program) except to the extent that such loss or damage is occasioned by the negligent act or omission of the Conservancy, its officers, agents or employees and no negligence on the part of the Participant. The Conservancy has my consent to secure treatment at the closest hospital in the event of a medical emergency.

The Conservancy (circle one) has does not have my consent to photograph or quote my child for advertising purposes.

Signature of parent/guardian _____ Date _____

Payment Method:

Cash or check can be mailed to The Howard County Conservancy. The cost is \$40 per child per day and an additional \$10 for after care.

Cash:

Check (payable to The Howard County Conservancy): # _____ Amount: \$ _____

Mail Completed Form and Payment to:
The Howard County Conservancy
P.O Box 175
Woodstock MD, 21163

If You Have Any Questions Please Contact:
Tabby Fique
410-465-8877
tabby.fique@hccconservancy.org

The Howard County Conservancy
Health Form - 2010/2011 (form must be completed in full, one form per child)

Student's Name: _____ Date of Birth: _____

Student's Primary Physician: _____ Phone: _____

Emergency Contacts (please provide us with at least three people to contact in case of an emergency):

<u>Name</u>	<u>Relationship</u>	<u>Daytime Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any medication, food or environmental allergies your child has:

Please list any pertinent information on any health problems your child has including physical, psychiatric, or behavior problems:

Please list any medication your child is taking even if it is only administered at home (include dose, reason for taking the medication and possible side effects):

Is your child taking medication regularly? yes no

If yes, please use **Medication Form**

Please list any emergency medication (epi-pen, inhaler, etc.) that your child will need to have at The Conservancy:

The topical medication below may be administered to my child:

- | | |
|---|--|
| <input type="checkbox"/> Calamine Lotion | <input type="checkbox"/> Suntan Lotion |
| <input type="checkbox"/> Neosporin | <input type="checkbox"/> Antiseptic sting lotion |
| <input type="checkbox"/> DO NOT ADMINISTER ANY MEDICATION | |

Date of last tetanus shot: _____

Does your child attend a school in Maryland? Yes No

School Name: _____ Grade: _____

If your child does not attend a school in Maryland, a copy of your child's immunization records must be returned with this registration form.

Is there any reason why your child is not immunized? _____ Medical _____ Religious _____ Other
Please include documentation of exemption.