



<b>Date Received:</b>
<b>Date Revised:</b>

## CEED SUMMER NATURE EXPERIENCE 2019 ENROLLMENT FORM

**Dear Parent or Guardian,**

You are enrolling your child in the CEED Summer Nature Experience run by the Center for Environmental Education & Discovery (CEED). Our summer program is geared for nature discovery and exploration, and will be challenging, fun, engaging, inspiring and full of nature-based activities. The program will be held on the grounds of **Post-Morrow Foundation, 16 Bay Road, Brookhaven Hamlet**, which includes many acres of trails and boardwalk through forest and marsh along Beaver Dam Creek, and an indoor classroom space in case of inclement weather. **Please submit payment with this completed enrollment form by June 15th.** Additionally, **no child can attend without a completed Health Form.** CEED reserves the right to deny enrollment due to any safety concerns. Questions? Please call: 631-803-6780 or email: artnaturegroup@gmail.com.

<b>Child's name &amp; t-shirt size:</b>	<input type="checkbox"/> M	<input type="checkbox"/> F	<b>DOB:</b>
<b>Child's name &amp; t-shirt size:</b>	<input type="checkbox"/> M	<input type="checkbox"/> F	<b>DOB:</b>
<b>Child's name &amp; t-shirt size:</b>	<input type="checkbox"/> M	<input type="checkbox"/> F	<b>DOB:</b>

*(T-SHIRT SIZES: YOUTH S, M, L, XL; ADULT S, M, L)*

### SESSION(S) ENROLLING

<b>Fill out all session dates that apply:</b>			
Children entering grades 2-6: \$350 per full day session/child \$185 per 1/2 day session/child  <i>*Sibling discount: \$20 off for each child enrolled after the first child</i>  Full Day: 9am-3:30pm Half Day AM: 9am-Noon Half Day PM: 12:30-3:30pm	Session 1 Mon July 15 – Fri July 19 <b>The Wonders of Wildlife</b>	# Children _____	X Full Day \$350 = _____ X Half AM \$185 = _____ X Half PM \$185 = _____
	Session 2 Mon July 22 – Fri July 26 <b>Exploring Ecology</b>	# Children _____	X Full Day \$350 = _____ X Half AM \$185 = _____ X Half PM \$185 = _____

### PAYMENT

<b>Check/Money Order:</b>	Payable to: <b>CEED, PO Box 295, Brookhaven, NY 11719</b>	Total Program Fees = \$
<b>Credit Card:</b>	Card Number: _____	Expiration Date: _____ Security Code: _____

### PARENT INFORMATION

Full Name(s): _____		
Address: _____		
Phone # CELL: _____	HOME: _____	WORK: _____
EMAIL(s): _____		
Names of additional people authorized to pick up your child(ren): _____		

### EMERGENCY CONTACT INFO

Emergency Contact Name: _____	Emergency Contact Phone: _____
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As parent or guardian of the applicant(s), I agree to comply with all program regulations and give permission for my child(ren) to participate in the CEED Summer Nature Experience run by Art & Nature Group, Inc./CEED. I understand that the proposed nature activities have an inherent risk factor and that all appropriate precautions will be taken for the safety of my child(ren). I give my permission to Art & Nature Group, Inc./CEED staff, volunteers, and medical personnel to administer medical assistance to my child(ren) as needed. I agree not to hold Art & Nature Group, Inc./CEED, Post-Morrow Foundation, or any of their associated agents liable in the event of injury to my child(ren). I understand my child will probably be coming home tired, dirty, and full of excitement everyday. Refund and Exchange Policy: Refunds available up to 30 days before start of session, minus a \$75 administrative fee. No refunds are available within 30 days of the start of your session unless a replacement can be found. Exchanging weeks is subject to availability.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Name – Please Print

\_\_\_\_\_  
Date



I consent to the use of photographs, video recordings, and/or name of my child(ren) by the Art & Nature Group, Inc./CEED for the purpose of advertising (e.g. web, print, social media). I agree that the actual material such as photographs or recordings remains property of CEED.