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285 Hungry Hollow Road
Chestnut Ridge, NY 10977

Primitive Living Skills Registration Form – Spring 2019
Family – Parents & their Children ages 6 & up

Due to the hands-on nature of the program, each adult must be accompanied by no more than two children. If you are unable to meet this requirement, please contact us to see how we might accommodate your situation.

Parent name (first & last): _____ Age: _____
Email: _____ Phone: _____
Child 1 name: _____ Age: _____
Child 2 name: _____ Age: _____

Parent name (first & last): _____ Age: _____
Email: _____ Phone: _____
Child 1 name: _____ Age: _____
Child 2 name: _____ Age: _____

Allergies (Food, environmental, bees, etc) – Please indicate the person’s name next to their allergies:

Sessions (2 PM – 4:30 PM):

*** When enrolling for a single session, please register by the Wednesday prior to the session date. ***

- | | |
|--|--|
| <input type="checkbox"/> Spring Series A (the following 4 sessions)
-OR select single sessions*- | <input type="checkbox"/> Spring Series B (the following 4 sessions)
-OR select single sessions*- |
| <input type="checkbox"/> February 3 rd , 2019 | <input type="checkbox"/> February 24 th , 2019 |
| <input type="checkbox"/> March 3 rd , 2019 | <input type="checkbox"/> March 17 th , 2019 |
| <input type="checkbox"/> April 7 th , 2019 | <input type="checkbox"/> April 28 th , 2019 |
| <input type="checkbox"/> May 5 th , 2019 | <input type="checkbox"/> May 19 th , 2019 |

***Single Sessions:** Our sessions are booked on a first come, first serve basis. You may enroll in single sessions, rather than a full series, when space permits. Upon registration, we will confirm with you that there is space for you in the session(s) you chose, or put you on a waitlist if need be.

Payment:

Pricing: \$25 per participant, per session. Sign up for the full series and receive 10% off your family total. Calculate your balance due by using the following formula:

4 Session Series: \$100 x _____ (# of family members) minus 10% (\$ _____) = \$ _____ (total)
Single Session: \$25 x _____ (# of family members) x _____ (# of sessions) = \$ _____ (total)

PAYMENT MUST BE SUBMITTED WITH THIS REGISTRATION FORM (Cash or Check – made out to The Nature Place Day Camp)

Any additional information we should know: _____

How did you hear about this workshop? _____

By signing below, I attest that the information provided above is accurate. I also give permission for any photograph or video of myself taken while participating in workshop activities may be used for publicity (brochures, website etc.).

Signature: _____ **Date:** _____