

Peepers Registration Form



Parent/ Guardian Name:

Child Name: Age:

Birthdate: / /

Parent Address

Address 1:

Address 2:

City/State/Zip

Daytime phone:

Cell phone:

Email address:

Alternative emergency contact name:

Daytime phone:

Cell phone:

Is your child toilet trained? Yes / No

Does your child have any known allergies? Yes / No

If yes, please describe:

.....

Does your child have any special needs? Yes / No

If yes, please describe:

.....

Please feel free to provide any additional information that you would like us to know about your child below:

.....

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Policies

My signature below indicates that:

1. I give consent to the Grand Traverse Conservation District to use any photograph or likeness of my child for promotional purposes
2. I understand that siblings under 3 years old may be a distraction are expected to be removed from the classroom and supervised in the exhibit hall or playroom for the benefit of all Peepers participants
3. I understand that every Peepers program will have an outdoor component and agree to dress my child for the weather

Signature

Date



Grand Traverse
Conservation District
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