



Application Form: Mail or Fax to the nature center where you are enrolling (no phone applications accepted)

- Ashland Nature Center, P.O. Box 700, Hockessin, DE 19707 Fax: 302-239-2473
- Abbott's Mill Nature Center, 15411 Abbott's Pond Road, Milford, DE 19963 Fax: 302-422-1849

Person Filling Out Form: _____

Home Phone: (____) _____ E-Mail: _____

Street Address: _____ City: _____ State: ____ Zip: _____

Registrant's Name: _____ Child's Birth Date: _____

Program Title: _____ Program ID #: _____ Program Date: _____ Fee \$: _____

Program Title: _____ Program ID #: _____ Program Date: _____ Fee \$: _____

Program Title: _____ Program ID #: _____ Program Date: _____ Fee \$: _____

Registrant's Name: _____ Child's Birth Date: _____

Program Title: _____ Program ID #: _____ Program Date: _____ Fee \$: _____

Program Title: _____ Program ID #: _____ Program Date: _____ Fee \$: _____

Program Title: _____ Program ID #: _____ Program Date: _____ Fee \$: _____

Confidential Medical Information & Required Emergency Information: Please list any medications, allergies, physical disabilities or restrictions that the instructors should know about: _____

My child's physician's name and phone # is: _____

My child's medical insurance is; _____ policy #: _____

____ Yes ____ No: In case of an emergency, I give permission to have _____ (child/children)

receive first aid and be transported to the nearest hospital by professional, emergency personnel. I understand I will be financially responsible for the cost of such treatment. _____ (parent/guardian)

_____ (date signed)

Not a Member? Join Us!

____ College student \$30 ____ Senior citizen \$30 ____ Individual \$40 ____ Household \$55 ____ Household Plus \$85
____ Sustaining \$125 ____ Supporting \$250 ____ Sponsor \$500 ____ Directors' Circle \$1000+

Full Names of All Household Members:

Adult: _____ Work Phone (____) _____ Cell Phone (____) _____

Adult: _____ Work Phone (____) _____ Cell Phone (____) _____

Child: _____ Birth date: _____ Child: _____ Birth Date: _____

Child: _____ Birth date: _____ Child: _____ Birth Date: _____

Enclosed for programs: \$ _____, for membership: \$ _____ Total enclosed: \$ _____

Payment: ____ VISA ____ Mastercard ____ CHECK (payable to Delaware Nature Society)

Credit card #: _____ Expiration Date ____ / ____ (mm/yy)

Authorized Signature: _____