



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

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: _____

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 \$: _____

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

Membership Application:

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

Enclosed for programs: \$____, for membership: \$____ Total enclosed: \$____
 Payment: ___ CREDIT CARD ___ VISA ___ Mastercard ___ CHECK (payable to Delaware Nature Society)
 Credit card #: _____ Expiration Date ____ / ____ (mm/yy)

Authorized Signature: _____