



## Linden Hills Summer Play Camp Registration

Linden Hills Nature Play Camps will run from **Tuesdays-Fridays** from **10am-2pm**. Families can choose to enroll for one, two, or three camps throughout the summer. The tuition for each week is **\$240** and includes all snacks and supplies. **Invoice for payment will be sent at the time of acceptance.**

I would like to enroll my child, \_\_\_\_\_, in the following camp or camps for the 2024 summer season (please circle your choice):

**Week 1: June 11-June 14**

**Week 2: July 16-July 19**

**Week 3: July 30-August 2**

**\*\*We are looking into the possibility of offering additional summer camps this year. Please check any that apply:**

\_\_\_\_\_ I would like to register for the week of June 25-June 28 if it becomes available

\_\_\_\_\_ I would like to register for the week of August 6-August 9 if it becomes available

**I have read and agreed to the terms and conditions of this contract. I understand that the Linden Hills Nature School's Play Camps take place entirely outdoors and that there are risks which naturally occur whenever children are playing outside. By signing this Contract, I agree to release Dani Ramseth and all staff at Linden Hills Nature School for liability for any injury while my child is in attendance or as a result of participating in Linden Hills Nature School's outdoor educational programs. I warrant that my child is in good physical health and that I will provide the required clothing each day for the all weather program.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**LINDEN HILLS NATURE SCHOOL'S FOREST KINDERGARTEN  
APPLICATION FOR ENROLLMENT**

**Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Parent 1 Name** \_\_\_\_\_

Home Address \_\_\_\_\_

Cell Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Parent 2 Name** \_\_\_\_\_

Home Address \_\_\_\_\_

Cell Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Child's Physician** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

Known medical conditions, allergies or dietary restrictions:

\_\_\_\_\_

If either parent cannot be reached, the following person(s) are authorized to be contacted in case of illness, accident, or emergency:

Name	Relationship	Cell Phone #
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\_\_\_\_\_

\_\_\_\_\_

**Parent/Legal Guardian signature and date:**

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