



PORICY PARK CONSERVANCY
YOUTH REGISTRATION FORM



(FOR PROGRAMS SUCH AS DAY CAMPS, NATURE PRESCHOOL, AFTER SCHOOL PROGRAM, ETC.)
(SUMMER CAMP REGISTRATION REQUIRES A DIFFERENT FORM)

Pre-registration is required. Duplicate this form if registering for more than one child. No registration will be complete without payment in full. Registration may be made in person or by mail. You may phone or fax your registration if using a Credit Card (Visa, MC, AmEx, Discover). Please make checks payable to Poricy Park Conservancy. Mail to: Poricy Park Conservancy, P.O. Box 36, Middletown, New Jersey 07748. Phone 732-842-5966; Fax 732-842-6833

Registrant's Name _____ Date of Birth _____

Grade _____ Parent(s)/Guardian's Name _____

Street Address _____

Town/Zip _____ Email _____

Phone (Daytime) _____ (Cell Phone) _____

(Emergency #) _____

In the event of an emergency, Poricy Park has my permission to obtain medical treatment for the above named child.

Allergies/other medical conditions: _____

Signature of parent or guardian _____ Date _____

Please register the above named child in the following program(s):
(List each program separately, use additional sheet if necessary.)

Table with 2 columns: Program Name & Date(s), Fee. Three rows of blank lines for registration.

How did you hear about our programs? _____

Refund Policy (except summer camp)

PPC makes every effort to ensure that programs take place as advertised. However, PPC reserves the right to cancel programs that fail to meet minimum enrollment requirements. If we must cancel a program, a refund will be issued. If you are unable to attend a program no refund will be given. If a parent/guardian must cancel, notice must be given 1 week prior to program. No cash refunds will be given. Twenty percent (20%) of the fee is non-refundable; a credit good for programming only will be given for the remaining 80% of the fee. Please note there are no pro-rated fees for missed classes. (Credits may not be used for gift shop or bird seed purchases.)

Are you currently a member? YES NO Are you becoming a member today? YES (Family Membership \$50)

Total fee for programs \$ _____ + fee for membership \$ _____ = Total amount paid \$ _____

Payment Method: (circle one) CASH CHECK Visa MasterCard Discover AmEx

For CC payment only: Name of Cardholder _____ Authorized Signature _____

Card # _____ Exp. Date _____