# *Friends of Van Cortlandt Park*
# *Junior Naturalists- 2010 Session Program Application*
# Due by April 6th

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (Apt. #)

_____
(City) (State) (Zip Code)

Telephone Number: (____)_____-_____

Email:_____

In case of an emergency, notify: _____
(Name) (Relationship to you)

Telephone #: _____

Date of Birth: _____ (circle one) Male Female

Name of School: _____Grade (6th-8th only): _____

Any medical conditions/allergies?: _____

Student's Signature: _____ Date: _____

***Parents Complete Section Below:***

I give my child, _____, permission to participate in the 2010 Junior Naturalist Session with the Friends of Van Cortlandt Park. I will be given a separate permission slip for trips outside of the park.

**Parent and student orientation is on Tuesday April 13th**, parents are strongly encouraged to come and find out more about the program.
**Spring dates**- April 13th- June 17th

Print Name: _____

Signature: _____ Date:_____

***Please return by fax (718-601-1574) or mail:***
Friends of Van Cortlandt Park
Attn: Junior Naturalists Program
124 Gale Place Apt. GrA
Bronx, NY 10463

*Spaces are filled on a first come first served basis.*