

Medical Release Form

One child per form. Form may be photocopied for additional children.

Child's Name: _____

Emergency Contact: _____

Emergency Contact Phone #: _____

Relationship to Child: _____

Doctor's Name: _____

Doctor's Phone #: _____

Does your child have allergies including to bee stings?



2022

Summer Workshops

James A. McFaul Environmental Center
150 Crescent Avenue, Wyckoff, NJ
(201) 891-5571

**Learn about native flora, fauna, and
environment with interactive activities,
live animals, and fun crafts!**

Sign-ups begin
APRIL 5, 2022 at 8:30AM

Workshop Sessions

Kindergarten	July 12, 13, 14 9am-11am or 1pm-3pm
1st & 2nd	July 19, 20, 21 9am-11:30am or 1pm-3:30pm
3rd & 4th	July 26, 27, 28 9am-11:30am
5th & 6th	July 26, 27, 28 1pm-3:30pm

Reservations are accepted **in-person only**. Payment is due at time of sign-up.
Required: Reservation form, medical release form, and a code word for each child.

If my child should become ill or injured during the session,
I understand and agree that the staff at the
James A. McFaul Environmental Center will:

1. Contact me immediately, or
2. Contact the person I have designated, if I cannot be reached.
3. If the designated person cannot be reached, the staff is authorized to contact my child's physician and arrange for immediate emergency treatment at the Valley Hospital Emergency Room. Transportation will be provided by police or Rescue Squad personnel.

Guardian Signature: _____

Date: _____

**Please make sure anyone picking up your child knows their
code word or your child will not be released to them.**



Important Information:

- Child must be **entering into** the grade to participate in that age group, i.e. if the child finished 2nd grade, then the child would enroll in the 3rd & 4th grade group
- Child must wear comfortable, weather appropriate clothing and sturdy footwear. **No flip-flops or sandals permitted.**
- All programs are held on Tuesday, Wednesday, and Thursday.
- Children **will not** be released to anyone who does not know their code word.
- Reservations are accepted **in-person only**. Payment is due at time of sign up.



Checks payable to:
Bergen County Parks Department

James J. Tedesco, III
County Executive
Board of County Commissioners
Tracy Silna Zur, Chair
Thomas J. Sullivan, Vice Chair | Dr. Joan M. Voss, Chair Pro Tempore
Mary J. Amoroso | Ramon M. Hache, Sr. | Germaine M. Ortiz | Steven A. Tanelli

2022 Summer Workshops Reservation Form

One child per form. Form may be photocopied for additional children.

Child's Name: _____

Address: _____

Cell Phone: _____

Email: _____

Guardian's Name: _____

Does your child have allergies? Yes _____ No _____

If yes, to what? _____



This year's session choice:
Grade Entering: _____
Date: _____
Time: _____

*****CODE WORD: _____*****

Children will not be released to any individual who does not know the code word. **NO EXCEPTIONS.**

Groups are limited to 14 children per session.
\$50.00 per child.
NO REFUNDS.



Reservations are accepted **in-person only**. Payment is due at time of sign-up.
Required: Reservation form, medical release form, and a code word for each child.