Friends of Van Cortlandt Park
Junior Naturalists – Spring 2008 Session Program Application
Please note: No Transportation Provided!!!

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

Address: _____
(Street) (Apt. #)

_____
(City) (State) (Zip Code)

Telephone Number: (____) _____-_____

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

Telephone #: _____

Date of Birth: _____ (circle one) Male Female

Name of School: _____ Grade: _____

Any medical conditions/allergies: _____

Student's Signature: _____ Date: _____

Parents Complete Section Below:

I give my child, _____, permission to participate in the Junior Naturalist Program meeting Wednesdays from April 30th through June 18th from 4:30 to 6pm with the Friends of Van Cortlandt Park meeting in Van Cortlandt Park near Jerome and Bainbridge Avenues. I understand that I must figure out transportation for my child. The Friends and my child's school will not provide transportation. I understand that my child will not receive a stipend for participating in this program.

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

Deadline for all applications is April 25th.
Spaces are filled on a first come first served basis.