



**Darien Nature Center  
2010 Vacation Program**

**Snowbirds**

**December 20 - 23**

**Monday - Thursday**

**9:30 AM – 1:30 PM**

For Children ages 3, 4m 5m & 6

**Children must be 3 by the start of the program and fully toilet trained**

Fee: \$260 per week \$70 Family membership is mandatory

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

Male \_\_\_ Female \_\_\_ Allergy Yes \_\_\_ No \_\_\_ Is Child Fully Toilet Trained? Yes \_\_\_ No \_\_\_

Emergency form complete Yes \_\_\_ No \_\_\_ Child's Physical Form on File Yes \_\_\_ No \_\_\_

Mom's Name \_\_\_\_\_ Dad's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Mom's Cell \_\_\_\_\_ Mom's Work \_\_\_\_\_

Dad's Cell \_\_\_\_\_ Dad's Work \_\_\_\_\_

E-mail \_\_\_\_\_

Membership \$ \_\_\_\_\_ Program \$ \_\_\_\_\_ Total Amount Paid \$ \_\_\_\_\_

**Parent Signature**

**Credit Card Information (NO AMERICAN EXPRESS)**

**75% refund of program amount paid  
if we can fill your space\***

**50% refund of program amount paid  
if we cannot fill your space\***

CC # \_\_\_\_\_

Exp. Date \_\_\_\_\_ CCV Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing zip code for card \_\_\_\_\_

Amount to be Charged \$ \_\_\_\_\_

\*No refunds after start of program

If Mailing a check please indicate Check # \_\_\_\_\_

**Please call for availability before mailing form**