Today's date_____

SQUAM LAKES
NATURAL SCIENCE CENTER
WWW.NHNATURE.ORG

Blue Heron School
Request for Information

For school year starting September _____

Please complete this form and e/mail to:
Squam Lakes Natural Science Center
ATTN: Blue Heron School
PO Box 173 Holderness, NH 03245
blueheron@nhnature.org

Please complete a separate application for each child. Please print clearly.

_____
Child's Name Gender Birth date (mm/dd/yy)

_____
Please list other programs your child has attended, if any.

Family Contact Information:

Parent's Name	Parent's Name
Home Address (street, city, state, zip)	Home Address (street, city, state, zip)
E-mail Address	E-mail Address
h_____w_____c_____ Home, cell &/or work phones	h_____w_____c_____ Home, cell &/or work phones

Names and ages of siblings

Name Birth date (mm/dd/yy)	Name Birth date (mm/dd/yy)
Name Birth date (mm/dd/yy)	Name Birth date (mm/dd/yy)

Please note: should your child be accepted to Blue Heron School, membership (any level) in Squam Lakes Natural Science Center is required.