



Summer is the time for kids to be outside. And there is no better place for your child to spend time in the great outdoors this summer than at Trailside Museums and Zoo!

The *Trailside Discovery* day program will be your child's up-close and personal introduction to local wildlife and ecology. They will get their hands dirty! They will have fun! Through hands-on activities and exciting games, children will be immersed in the natural world in engaging, and age appropriate ways they are bound to enjoy.

One day during the first 3 sessions, we hike to Fort Montgomery State Historic Site to learn about local history and what life was like long ago.

So, please turn off the video games, the television, the internet, and the air conditioning! Help your child experience summer the way it is meant to be!



NEW YORK STATE OF OPPORTUNITY  
Parks, Recreation and Historic Preservation



Trailside Museums and Zoo  
Bear Mountain State Park  
P.O. Box 427  
Bear Mountain, NY 10911-0427

# Trailside Discovery 2018

## Environmental Education Summer Day Program



## Trailside Museums and Zoo

Bear Mountain State Park  
P.O. Box 427  
Bear Mountain, NY 10911  
(845) 786-2701 ext. 293  
[www.trailsidezoo.org](http://www.trailsidezoo.org)

Please call or e-mail Environmental Educator  
Chris O'Sullivan for more information.  
[chris.osullivan@parks.ny.gov](mailto:chris.osullivan@parks.ny.gov)

## Registration Information

Sessions are Monday through Thursday  
from 10:00 a.m. to 2:00 p.m.

Fee: \$100 per session

Maximum 15 children per session.

Registration closes when session fills. If  
minimum enrollment is not met for any  
session, then that session may be  
canceled.

### Session One

July 9<sup>th</sup> through 12<sup>th</sup>

Children entering first and second grades.  
(Registration deadline is June 22<sup>nd</sup>.)

### Session Two

July 16<sup>th</sup> through 19<sup>th</sup>

Children entering third and fourth grades.  
(Registration deadline is June 29<sup>th</sup>.)

### Session Three

July 23<sup>rd</sup> through 26<sup>th</sup>.

Children entering fifth and sixth grades.  
(Registration deadline is July 6<sup>th</sup>.)

### Session Four

July 30<sup>th</sup> through August 2<sup>nd</sup>.

Children entering seventh and eighth grades.  
(Registration deadline is July 13<sup>th</sup>.)

Please make checks payable / mail to:

**Trailside Discovery Program**

**Trailside Museums & Zoo**

**P.O. Box 427**

**Bear Mountain, NY 10911**



## Trailside Discovery Registration Form

(Please detach form and submit with payment.)

Session Requested: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_ / \_\_\_ / \_\_\_ Grade this fall: \_\_\_\_\_

### **Parent/Guardian Information**

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Workplace Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Workplace Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### **Medical Information**

Allergies?  No or  Yes. If yes, please explain \_\_\_\_\_

Does your child have an epi-pen? \_\_\_\_\_ Will it be sent with your child? \_\_\_\_\_

Please be advised that we cannot administer medication of any type to your child.

Other medical conditions that we need to be advised of? \_\_\_\_\_

Special Needs? \_\_\_\_\_

### **Emergency Contact Information**

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

### **Releases**

If parent(s) or legal guardian(s) cannot be reached in the event of an emergency, I hereby appoint the staff of Bear Mountain State Park to act in my/our behalf to administer first aid treatment and/or to authorize unexpected medical, dental or surgical care and hospitalization for my child. I give permission for my child to participate in all Trailside Discovery activities.

I give Bear Mountain State Park staff permission to release my child to the emergency contacts listed above. These people have my permission to make decisions as to the welfare and health of my child.

I give Bear Mountain State Park permission to take, publish, and reproduce photographs, slides or video of my child for publicity purposes.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Please Print Name of Parent/Guardian: \_\_\_\_\_