KINGSTON JUNIOR NATURALISTS

REGISTRATION FORM 2023-2024

Please fill out the registration form and mail with payment by 9 September 2023.

- All past members will be accepted provided they register by 9 September 2023.
- New members (aged 6-12) may phone for an application form (613-389-6742) or download from the Kingston Junior Naturalists page on the KFN website at https://kingstonfieldnaturalists.org/kingston-youth-naturalists/
- Numbers are limited. If for any reason you do not wish to re-register please let us know (613-389-6742).
- Teens (13-17) should phone for a Teen Registration Form as soon as possible (613-389-6742) or use the Teen Registration Form in the Youth section of the website https://kingstonfieldnaturalists.org/kingston-youth-naturalists/

Junior Meetings and Field Trips

Indoor meetings will start on 4th Thursday each month and expand to 2nd and 4th Thursday if numbers warrant. Details will be emailed to registered members as soon as available. Family field trips will be offered on the fourth Saturday of each month. Details will be in the Newsletter, on the KFN website and emailed to registered members.

*** First Indoor Meeting – Thursday 28 September 2023***

*** First Field Trip – Saturday 28 October 2023 ***

FURTHER INFORMATION

- at first field trip
- in emailed Newsletter each month
- phone Anne Robertson 613-389-6742
- email <u>n8ture.anne@sympatico.ca</u>

Keep this page for your reference.

Fill out and mail the registration form and payment to:

Anne Robertson 12 Lakeshore Blvd Kingston, ON K7M 4J6



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Please mail for receipt by 9-Septen	nber-2023 to: Anne 12 La	Robertson keshore Blvd	INIOR NATURALISTS
Address:			TALISTIS .
City/Prov/Post Code:	/ON /		
Home Phone #:		Junior's Mobile:	
Parent 1's Name:		Parent 1's Mobile:	
Parent 2's Name:		Parent 2's Mobile:	
Date of Birth:			
Health Card No.:			
Email Address:			
PLEASE ENCLOSE \$20.00 REG	GISTRATION FEE		
	CONSENT (de	o not detach)	
	ston Field Naturalists	to take part in Kingston I responsible for injury to the child (is participation.	
In the event of an emergency I auth a physician.	norize the administra	tion of any medical procedures deer	ned necessary by
Allergies, learning or other problem	as that should be disc	ussed	
Parent Signature:		Date:	