

To register you must first check the availability of programs: Call (928) 774-1442 ext 123 or email keflint4473@gmail.com. Fill out the form below and send a hard copy with an original signature and full payment to secure your child's space in the program. Please keep in mind that we have a no refund policy.



Summer Adventure Program - Registration Form

Child's Name _____ Age _____

Parents' names _____

Address _____

City _____ State _____ Zip _____

Phone: (day) _____ (evening) _____ (mobile) _____

Emergency contact _____

E-mail: _____ Amount Paid: _____

Many of the classes involve touching and tasting edible plants.

____ I give permission for my child to taste edible plants.

____ I do not give permission for my child to taste edible plants.

Please note my child's medical condition, special need, or sensitivity:

Parent's signature:

I would like to enroll my child in the following Summer Adventure Programs:

Title: _____ Date: _____ Time: _____

Mail completed form with original signature and payment to:

Summer Adventure Program
The Arboretum at Flagstaff
2700 Woodlands Village Blvd #300-172
Flagstaff, AZ 86001

To be completed by Arb staff: Date rec'd _____ Amount rec'd: _____ Confirmation sent date: _____