



# Quogue Wildlife Refuge- Little Naturalist 2026 Application

Register for **one or multiple sessions** for the Little Naturalist camp. There are 10 sessions of Little Naturalist offered through July, August & September. Each session is a Tuesday, Wednesday, and Thursday from 9 AM to 12 PM at the Quogue Wildlife Refuge unless otherwise noted.

This program is designed to introduce and immerse young children (**4, 5, and 6 years old**) in nature through outdoor exploration, hands on activities, games, crafts, and meeting many of the Refuge animals up close. The children will learn respect for the natural world and will have lots of fun in the process. A variety of topics will be introduced to the children including forest and pond habitats, food chains, local plants and animals, birds, mammals, reptiles, animal defenses and adaptations, composting and recycling. Lessons change weekly. During this program, the children do not get wet or muddy.

Please fill out one application per child.

**\$185 per session for Members | \$220 per session for Non-Members**

Refund Policy A 50% refund will be granted if cancellations are received at least 30 days prior to the start of the camp session. There will be NO refund if the cancellation occurs within 30 days of the first day of the session, therefore please choose your sessions carefully and mark them in your calendar. Cancellation requests must be made by email to: [Programs@QuogueWildlifeRefuge.org](mailto:Programs@QuogueWildlifeRefuge.org) \*(Strictly enforced)\*  
Switching camp weeks (if available) will be subject to an additional \$50 processing fee per application.

<b>Child's Name</b> (First/ Last & Nickname if applicable):	<b>Age of Child:</b> <small>Must be 4y/o by the first day of camp</small>	<b>Child's D.O.B:</b>  (Month/Day/Year)	<b>Parent's Name(s):</b>
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**Please circle T Shirt Size:**

**Youth   XS(2/4)   S(6/8)   M(10/12)   L(14/16)   XL(18/20)**

**Member Registration:**

Priority registration & discount is available for families who have a 2026 FAMILY LEVEL (or higher level) membership to the Refuge and applies to immediate family members only (not grandchildren). All non-member applications can be submitted after May 11, 2026. You can renew or become a member at any time, scan the QR code to become a member.



My 2026 Membership is listed as (*your name*): \_\_\_\_\_

<b>Week 1</b>	<b>June 30, July 1, 2</b> (Tues, Wed, Thurs from 9am – 12pm)	<b>FULL</b>	<p>← Register for <b>one or multiple sessions</b></p> <p>– Mark with X or √ in box</p> <p>Due to limited class size, popularity of the program, and priority registration for members, sessions may fill up. You will be notified as soon as possible if the session is full.</p> <p>Quogue Wildlife Refuge reserves the right to use photographs/ videos taken at camps, programs and events for use on our website, publications, and social media.</p>
<b>Week 2</b>	<b>July 7, 8, 9</b> (Tues, Wed, Thurs from 9am – 12pm)	<b>FULL</b>	
<b>Week 3</b>	<b>July 14, 15, 16</b> (Tues, Wed, Thurs from 9am – 12pm)	<b>FULL</b>	
<b>Week 4</b>	<b>July 21, 22, 23</b> (Tues, Wed, Thurs from 9am – 12pm)		
<b>Week 5</b>	<b>July 28, 29, 30</b> (Tues, Wed, Thurs from 9am – 12pm)		
<b>Week 6</b>	<b>August 4, 5, 6</b> (Tues, Wed, Thurs from 9am – 12pm)	<b>FULL</b>	
<b>Week 7</b>	<b>August 11, 12, 13</b> (Tues, Wed, Thurs from 9am – 12pm)		
<b>Week 8</b>	<b>August 18, 19, 20</b> (Tues, Wed, Thurs from 9am – 12pm)	<b>FULL</b>	
<b>Week 9</b>	<b>August 25, 26, 27</b> (Tues, Wed, Thurs from 9am – 12pm)		
<b>Week 10</b>	<b>September 1, 2, 3</b> (Tues, Wed, Thurs from 9am – 12pm)		

Please mail check(s) or credit card payment and application(s) to Quogue Wildlife Refuge at *PO Box 492, Quogue, NY 11959*

Circle one: AMEX   VISA   MC   DISCOVER   Card #: \_\_\_\_\_

Amount to be Charged: \$ \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVC: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

## Quogue Wildlife Refuge Medical / Consent Form

*Please complete ALL Sections and Sign*

### 1. Parental Consent – Emergency Statement - *This form will be valid for 2026*

I \_\_\_\_\_ (Parent Name) hereby grant permission for \_\_\_\_\_ (Child Name) to attend the **Quogue Wildlife Refuge Little Naturalist Program** and participate in all activities listed.

*In the event of a medical or weather emergency and/or the inability to contact the designated guardian(s) in such an event, I agree that the Quogue Wildlife Refuge Staff may take such emergency measures, including transportation, as they deem appropriate and shall notify the parent and legal guardian as soon as possible.*

### 2. Parent/ Legal Guardian Contact Information – (PLEASE list phone #s that you can be reached at during the hours of the program)

Home Address: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

**EMAIL\*:** \_\_\_\_\_

*\*Please provide your email address so that we can send you a confirmation letter with more details for your child's camp week.*

### 3. Emergency Contact Information – (Please do not list yourself)

In the event that a parent/guardian cannot be reached in an emergency, please list two (2) individuals that can be contacted to act in your absence. Please make sure the persons named are aware you have them listed.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### 4. Important Information & Medical History

**Known Allergies:** Y / N Please List \_\_\_\_\_

**Medications/Treatments:** Y / N Please List \_\_\_\_\_

**Seizures:** Y / N **Diabetes:** Y / N **Asthma:** Y / N **Inhaler:** Y / N **Insulin:** Y / N

**Please List Behavioral or other Medical History (restrictions/limitations, special needs, dietary concerns, etc...):**

\_\_\_\_\_

\_\_\_\_\_

\*\*If your child attends school with an aid, please inform Quogue Wildlife Refuge staff. At this time, we are not able to provide 1:1 supervision and therefore an aid must be provided. Please contact Refuge staff, as information on the aid must be provided before the start of your child's camp week (as per Suffolk County Health Department). Please send or attach any treatment, care, and behavioral plans if applicable.

5. Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_