

Forest School
2015-2016 Enrollment Contract

*Please submit with Admission Form and appropriate payment

Child's Full Name: _____

Enrollment Date : _____ Starting Date: _____ Withdrawal Date: _____

I/We contract to enroll _____ (print child's name) at Forest School for the above chosen dates in 2015-2016. Classes are offered between Monday through Friday 8:30am-3:30pm for a total of 48 weeks of the year. I/We understand that no refunds will be given for dates missed due to illness, vacation, national holidays, and inclement weather. I/We have enclosed \$_____, one month's tuition for our child's last month of school.

If applicable, I/We agree to pay \$_____, a non-refundable holding rate, due upon enrollment into the program for families wanting a space to be held for their child more than two months in advance of their child's starting date.

I/We choose to pay the tuition fee using:

_____ 1) Annual payment, paid at least two weeks in advance of starting classes.

_____ 2) Monthly payments of \$_____ paid at least two weeks in advance of the first month, then subsequent payments are due on the 15th of each month thereafter.

Please contact us as soon as possible to discuss a special payment plan if needed.

Initials Required Below:

_____ I/We understand that Forest School accepts, personal checks (payable to Forest School), bitcoin, cash payments, and credit cards. *Credit card payments have an additional fee to cover card-company transaction fees.*

_____ I/We understand that there is a \$20.00 late fee for payments made 7 days overdue and a \$25 NSF (non-sufficient funds) fee for returned checks. If tuition is one month late, we will use your last month's tuition for the unpaid month and your child's enrollment will end.

_____ I/We acknowledge the following process for a Withdrawal Request: A written request is required at least 2 months in advance of a requested withdrawal in order to give our program enough time to fill the space. If we fill the space before 2 months is through, families may have the opportunity to withdraw earlier. If sufficient notice is not given prior to withdrawal, families are still required to pay for all scheduled days corresponding to the full 2 month period whether or not their child is still attending.

_____ I/We understand that Forest School reserves the right to terminate a child's enrollment at will.

Medical Emergency Authorization

_____ In the event on an injury, I authorize staff to administer first aid to my child as deemed necessary. First Aid may include, but is not limited to: washing affected area with mild soap and water, using sterilized tweezers to remove debris or splinters, dressing wound with a bandage. In the event of a medical emergency, I authorize emergency medical personnel to care for my child and to transport them to the hospital. I understand that every effort will be made to contact me in case of emergency. I hereby authorize the Forest School to obtain emergency medical care for _____ (name of child).

Privacy Authorization

_____ I understand that the program has a password-protected web portal, accessible only to currently enrolled families. Families may not duplicate or distribute any of the content within this portal. The program shares daily notes, photos, and videos from the day's activities on this portal. I understand that photos of my child and descriptions using their first name will be shared with other currently enrolled families who visit the secure portal.

_____ I understand that prospective families may visit the program while my child is present. All visitors will be asked to sign a confidentiality agreement and will never be left alone with children.

May we post photos of your child in our program marketing literature and on the website?

Yes No

Initials Required Below:

_____ I give permission to educators to take my child outside the yard for walks on nearby trails and to participate in wading activities in nearby brooks and streams. I understand that there are risks associated with spending time outside in the natural elements, such as variable weather conditions, exposure to sun and a variety of plants, animals, and fungi. Walks and activities in the Forest School yard will involve crossing small streams, building bridges, wading in shallow water, building fires, climbing on trees, rocks, hills along with other unknown factors which can contribute to injury, such as but not limited to scrapes, bumps, burns, and bruises.

_____ I've read the Family Handbook and I agree to accept and abide by the policies, terms, and conditions therein. I've been given a general description of types of outdoor activities, risks involved, and the clothing required. I understand that participation in the program requires sustained physical activity. My child is in good health and I am aware of no physical problem or condition that will limit or interfere with my child's ability to participate in the activity.

_____ I give educators permission to apply the following products, provided by me, on my child beginning at the start of enrollment and lasting until one year from today's date or my child's final day of enrollment:

- Sunscreen: _____
- Insect Repellent: _____
- Other (i.e. lip balm, rash cream): _____

By signing below, I hereby agree that my child is participating in the program at my own risk, and acknowledge that Forest School has made no warranty or representation, expressed or implied, regarding the safety of conducting this program at this site. to the above terms and conditions and I affirm that the Forest School program, its employees and volunteers may not be held liable for injuries my child suffers while in care. All parties are bound to the terms and conditions herein for one year from the enrollment date or until 2 months after families provide written notice. If Forest School alters the contract, families will be notified before the changes take effect and a new contract will be signed prior to implementing the changes. If families need to request a change in payment schedule, an amendment will be created with written agreement by all parties.

Family/Guardian Printed Name: _____

Signature: _____ Date: _____

Family/Guardian Printed Name: _____

Signature: _____ Date: _____

Director's Name: _____

Director's Signature : _____ Date: _____

