	Forest School L3C	EID#
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Enrollment Contract 2015-2016

Child's Full Name:		
Enrollment Date :	Starting Date:	Withdrawal Date:
		(print child's name) at Forest School for the
above chosen dates in 2016-2017	'. Classes are offered betv	veen Monday through Friday 8:30am-3:30pm for a
total of 48 weeks of the year. I/W	e understand that no ref	unds will be given for dates missed due to illness,
vacation, holidays, and inclement	weather. I/We have end	closed \$ to cover one month's tuition for our
child's last month of school.		
	a space to be held for the	-refundable holding rate, due upon enrollment into eir child more than two months in advance of their
1) Annual payment, paid at	_	nce of starting classes.
		weeks in advance of the first month, then
subsequent payments are due on		
Please contact us as soon as possib		
•		
Initials Required Below:		
I/We understand that Fores	st School accepts, person	al checks (payable to Forest School), bitcoin, cash
payments, and credit cards. Credi	t card payments have an o	additional fee to cover card-company transaction fees.
(non-sufficient funds) fee for retu for the unpaid month and your ch	rned checks. If tuition is nild's enrollment will end	
least 60 days in advance of a requirement of the fill the space before 60 days	nested withdrawal in ordonics is through, families may r to withdrawal, families	drawal Request: A written request is required at er to give our program enough time to fill the space. have the opportunity to withdraw earlier. If are still required to pay for all scheduled days eir child is still attending.
		ght to terminate a child's enrollment at will.
First Aid may include, but is not li tweezers to remove debris or spli authorize emergency medical per understand that every effort will School to obtain emergency medi	/we authorize staff to addinited to: washing affectorinters, dressing wound we sonnel to care for my chibe made to contact me in cal care for	minister first aid to my child as deemed necessary. ed area with water, mild soap, using sterilized rith a bandage. In the event of a medical emergency, I ild and to transport them to the hospital. I a case of emergency. I hereby authorize the Forest(name of child). on and treatment provided by emergency personnel
enrolled families. Families may no includes daily notes, photos, and descriptions using their first name	ot duplicate or distribute videos from the day's act le will be shared with cur spective families may vis	I-protected web portal, accessible only to currently any of the content within this portal. The portal ivities. I/We understand that photos of my child and rently enrolled families who visit the secure portal. Set the program while my child is present. All visitors never be left alone with children.

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I/We give permission for photos of classroom and are distributed to currently <i>Optional:</i>	my child to be duplicated in community books that stay in the enrolled families.
I/We give permission for photos of for current/prospective staff and families.	my child to be included in the school's printed and online materials
I/We give permission for my child t publicity purposes for use in any and all me	to be interviewed/photographed/videotaped for educational/news edia.
Sunscreen, Lotion and Insect Repellant	Authorization
I/We give educators permission to at the start of enrollment and lasting until of	apply the following products, provided by me, on my child beginning one year from today's date or my child's final day of enrollment. I am
responsible for replacing expired and empt - Sunscreen:	
- Insect Repellant:	
- Other (i.e. lip balm, rash cream, oint	ment):
Release of Liability	
I/We give permission to educators	to take my child outside the yard for walks on nearby trails and to
	rooks and streams. I understand that there are risks associated with
	nts, such as variable weather conditions, exposure to sun and a
	and activities on the Forest School grounds will involve crossing
	shallow water, building fires, climbing trees, rocks, hills along with te to injury, such as but not limited to scrapes, bumps, burns, and
bruises.	te to mjury, such as but not minted to scrapes, bumps, burns, and
	iption of types of outdoor activities, risks involved, and the clothing
	the program requires sustained physical activity. My child is in
	problem or condition that will limit or interfere with my child's
ability to participate in the activity.	
By signing below. I hereby agree that my ch	nild is participating in the program at my own risk, and I
	no warranty or representation, expressed or implied, regarding the
	te. I've read the Family Handbook and I agree to accept and abide by
	To the above terms and conditions, I affirm that the Forest School
program, its employees and volunteers may	y not be held liable for injuries my child suffers while in care.
Family/Guardian Printed Name:	
Signature:	
Family/Guardian Printed Name:	
Signature:	
Director's Name	

All parties are bound to the terms and conditions herein for one year from the enrollment date or until 60 days 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.

Director's Signature :_____ Date:____