

Enrollment Contract 2017-2018

Child's Full Name: _____ Date of Birth: _____

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

I/We contract to enroll _____ (print child's name) at Forest School for the above chosen dates in 2017-2018. Classes are offered 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, holidays, and inclement weather. I/We have enclosed \$_____ to cover one month's tuition for my/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. This rate will hold a space in the program more than 60 days in advance of the child's starting date.

I/We choose to pay the tuition fee using:

_____ 1) Annual payment, paid at least 30 days in advance of starting classes.

_____ 2) Monthly payments of \$_____ paid at least 14 days 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 L3C), 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, Forest School will use the last month's tuition for the unpaid month and the child's enrollment will end.

_____ I/We acknowledge the following process for a Withdrawal Request: A written request is required at least 60 days in advance of a requested withdrawal in order to give the program enough time to fill the space. If the space is filled before 60 days 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 60 day 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/we authorize staff to administer first aid to my/our child when necessary. In the event of a medical emergency, I/we authorize emergency medical personnel to care for my/our child and to transport them to the hospital. I/We understand that every effort will be made to contact us in case of emergency. I/We hereby authorize the Forest School to obtain emergency medical care for _____ (print name of child).

_____ I/We understand that costs associated with transportation and treatment provided by emergency personnel are my/our responsibility.

Privacy Authorization

_____ I/We 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 portal includes daily notes, photos, and videos from the day's activities. I/We understand that photos of my/our child and descriptions using their first name will be shared with currently enrolled families who visit the secure portal.

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

_____ I/We give permission for photos of my/our child to be duplicated in community books that stay in the classroom and are distributed to currently enrolled families.

Optional:

_____ I/We give permission for photos of my/our child to be included in the school's printed and online materials for current/prospective staff and families.

_____ I/We give permission for my/our child to be interviewed/photographed/videotaped for educational/news publicity purposes for use in any and all media.

Sunscreen, Lotion and Insect Repellant Authorization

_____ I/We give educators permission to apply the following products on my/our child, as needed, beginning at the start of enrollment and lasting until one year from today's date, product expiration, or my/our child's final day of enrollment. I/We are responsible for replacing expired and empty products.

- Sunscreen: _____ (non-aerosol)
- Insect Repellant: _____ (non-aerosol)
- Other (i.e. lip balm, rash cream, ointment): _____

Activities and Risks

_____ I/We understand that the program is conducted primarily outside in nature and includes activities such as crossing small streams, building bridges, wading in shallow water, building fires, climbing trees, rocks and hills. I acknowledge that there is inherent risk of injury in these activities.

_____ I/We give permission to educators to take my/our child outside the fenced-in-yard for walks on nearby trails and to participate in wading activities in nearby brooks, streams, ponds, and puddles. I/We 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.

_____ I/We have received a description of types of outdoor activities, risks involved, and the clothing required.

_____ I/We understand that I/we must provide a copy of my/our child's wellness exam from the child's physician indicating health conditions that limit or interfere with my/our child's ability to participate in the activity is necessary prior to enrollment.

By signing below, I/we hereby agree that my/our child is participating in the program at my/our own risk, and I acknowledge that Forest School has made no warranty or representation, expressed or implied, regarding the safety of conducting this program at this site. I/We have read the Family Handbook and I/we agree to accept and abide by the policies, terms, and conditions therein. To the above terms and conditions, I/we affirm that the Forest School program, its employees and volunteers may not be held liable for injuries my/our child suffers while in care.

Family/Guardian Printed Name: _____

Signature: _____ Date: _____

Family/Guardian Printed Name: _____

Signature: _____ Date: _____

Director's Name: _____

Director's Signature : _____ Date: _____