Forest School L3C	_EID#
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Enrollment Contract 2015-2016

Child's Full Name:		Date of Birth:
Enrollment Date :	Starting Date:	Withdrawal Date:
		(print child's name) at Forest School for the
above chosen dates in 2016-201	7. Classes are offered be	etween Monday through Friday 8:30am-3:30pm for a
total of 48 weeks of the year. I/V	We understand that no r	refunds will be given for dates missed due to illness,
vacation, holidays, and inclemen	ıt weather. I/We have ϵ	enclosed \$ to cover one month's tuition for our
child's last month of school.		
	g a space to be held for	on-refundable holding rate, due upon enrollment into their child more than two months in advance of their
1) Annual payment, paid	_	vance of starting classes.
		wo weeks in advance of the first month, then
subsequent payments are due o	-	
Please contact us as soon as poss		
•		
Initials Required Below:		
I/We understand that For	est School accepts, perso	onal checks (payable to Forest School), bitcoin, cash
payments, and credit cards. Cred	lit card payments have a	nn additional fee to cover card-company transaction fees.
•		or payments made 7 days overdue and a \$25 NSF
		is one month late, we will use your last month's tuition
for the unpaid month and your		
•		ithdrawal Request: A written request is required at rder to give our program enough time to fill the space.
•	_	ay have the opportunity to withdraw earlier. If
		es are still required to pay for all scheduled days
corresponding to the full 60 day		
I/We understand that Fo	rest School reserves the	right to terminate a child's enrollment at will.
Medical Emergency Authoriza	ntion	
<u> </u>		administer first aid to my child as deemed necessary.
· · · · · · · · · · · · · · · · · · ·	-	ected area with water, mild soap, using sterilized
	_	l with a bandage. In the event of a medical emergency, I
	-	child and to transport them to the hospital. I
		e in case of emergency. I hereby authorize the Forest
School to obtain emergency med		(print name of child). ation and treatment provided by emergency personnel
are my responsibility.	sociated with transporta	ation and treatment provided by emergency personner
are my responsioney.		
Privacy Authorization		
•		ord-protected web portal, accessible only to currently
	-	ite any of the content within this portal. The portal
		activities. I/We understand that photos of my child and currently enrolled families who visit the secure portal.
		visit the program while my child is present. All visitors
	_	ll never be left alone with children.

I/We give permission for photos of my classroom and are distributed to currently enro <i>Optional:</i>	child to be duplicated in community books that stay in the olled families.
•	child to be included in the school's printed and online materials
for current/prospective staff and families.	
I/We give permission for my child to be publicity purposes for use in any and all media	e interviewed/photographed/videotaped for educational/news .
Sunscreen, Lotion and Insect Repellant Autl	<u>iorization</u>
I/We give educators permission to app	y the following products on child, as needed, beginning at the
enrollment. I/We are responsible for replacing	
Sunscreen: (Insect Repellant: (
- Other (i.e. lip balm, rash cream, ointmer	
Release of Liability	
	ike my child outside the yard for walks on nearby trails and to
	ks and streams. I understand that there are risks associated with
	such as variable weather conditions, exposure to sun and a activities on the Forest School grounds will involve crossing
	low water, building fires, climbing trees, rocks, hills along with
	injury, such as but not limited to scrapes, bumps, burns, and
bruises.	
	on of types of outdoor activities, risks involved, and the clothing
	program requires sustained physical activity. My child is in
	plem 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 child	is participating in the program at my own risk, and I
	varranty or representation, expressed or implied, regarding the
	ve read the Family Handbook and I agree to accept and abide by
	he above terms and conditions, I affirm that the Forest School
program, its employees and volunteers may no	t be held liable for injuries my child suffers while in care.
Family/Guardian Printed Name:	
Signature:	
Family/Guardian Printed Name:	
Signature:	
Director's Name:	

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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:____