Forest School

2015-2016 Enrollment Contract

*Please submit with Admission Form and appropriate payment

| Child's Full Name: | | |
|---|---|--|
| Enrollment Date : | Starting Date: | Withdrawal Date: |
| the above chosen dates in 2015-8:30am-3:30pm for a total of 48 dates missed due to illness, vaca \$, one month's tuition fo If applicable, I/We agree | 2016. Classes are offereweeks of the year. I/Wetion, national holidays, rour child's last month to pay \$, a n | (print child's name) at Forest School for ed between Monday through Friday e understand that no refunds will be given for and inclement weather. I/We have enclosed of school. on-refundable holding rate, due upon enrollment of their child more than two months in advanced. |
| I/We choose to pay the tuition for1) Annual payment, paid a2) Monthly payments of \$ subsequent payments are due of Please contact us as soon as possible. | at least two weeks in ad paid at least to n the 15th of each mont | wo weeks in advance of the first month, then thereafter. |
| cash payments, and credit cards transaction fees I/We understand that the (non-sufficient funds) fee for ret tuition for the unpaid month and I/We acknowledge the fol at least 2 months in advance of at the space. If we fill the space befearlier. If sufficient notice is not scheduled days corresponding to | credit card payments here is a \$20.00 late fee for curned checks. If tuition dyour child's enrollmer llowing process for a Warequested withdrawal fore 2 months is through given prior to withdraw to the full 2 month perio | onal checks (payable to Forest School), bitcoin, nave an additional fee to cover card-company or payments made 7 days overdue and a \$25 NSF is one month late, we will use your last month's nt will end. ithdrawal Request: A written request is required in order to give our program enough time to fill h, families may have the opportunity to withdraw val, families are still required to pay for all d whether or not their child is still attending. |
| First Aid may include, but is not sterilized tweezers to remove de medical emergency, I authorize | I authorize staff to adm limited to: washing affe ebris or splinters, dress: emergency medical per t every effort will be ma | inister first aid to my child as deemed necessary. ected area with mild soap and water, using ing wound with a bandage. In the event of a sonnel to care for my child and to transport them ade to contact me in case of emergency. I hereby al care for |

Privacy Authorization

| I understand that the program has a parenrolled families. Families may not duplicate of program shares daily notes, photos, and video photos of my child and descriptions using their families who visit the secure portal. | or distribute any of the conte is from the day's activities or | ent within this portal. The n this portal. I understand that |
|--|--|--|
| I understand that prospective families will be asked to sign a confidentiality agreeme | | |
| May we post photos of your child in our progra Yes No | am marketing literature and | on the website? |
| Initials Required Below: | | 1 1 1 1 |
| I give permission to educators to take a participate in wading activities in nearby brood associated with spending time outside in the myard will involve crossing small streams, build climbing on trees, rocks, hills along with other but not limited to scrapes, bumps, burns, and lead to scrapes, bumps, burns, and lead conditions therein. I've been given a general detection the clothing required. I give educators permission to apply the beginning at the start of enrollment and lasting enrollment: | oks and streams. I understant natural elements. Walks and ling bridges, wading in shall runknown factors which can bruises. gree to accept and abide by t escription of types of outdoon | d that there are risks activities in the Forest School ow water, building fires, contribute to injury, such as he policies, terms, and or activities, risks involved, and ded by me, on my child |
| - Sunscreen: | | |
| - Insect Repellant: | | |
| - Other (i.e. lip balm, rash cream): | | |
| By signing below, I hereby agree to the above of program, its employees and volunteers may not all parties are bound to the terms and condition months after families provide written notice. I before the changes take effect and a new contramilies need to request a change in payment sagreement by all parties. | ot be held liable for injuries ons herein for one year from If Forest School alters the co ract will be signed prior to ir | my child suffers while in care. the enrollment date or until 2 ntract, families will be notified nplementing the changes. If |
| Family/Guardian Printed Name: | | |
| Signature: | Date: | |
| Family/Guardian Printed Name: | | |
| Signature: | | |
| Director's Name: | | |
| Director's Signature : | | |