

## Enrollment Contract 2019-2020

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Enrollment Date : \_\_\_\_\_ Starting Date: \_\_\_\_\_ Withdrawal Date (*Office-Use Only*): \_\_\_\_\_

I/We contract to enroll \_\_\_\_\_ (print child's name) at Forest School for the above chosen dates in 2018-2019. 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.

### 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/or work samples with 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 and their work samples 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.

\_\_\_\_\_ I/We give permission for my/our \_\_\_name, \_\_\_email address, \_\_\_phone number, \_\_\_physical address to be shared with other enrolled families on a family contact list or online portal.

**Forest School L3C** EID# \_\_\_\_\_

**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 give permission to educators to take my/our child outside the fenced-in-yard for walking field trips 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 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 have received a description of types of outdoor activities 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 activities 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.

The licensing authority for this program is the bureau of licensing and certification, child care licensing unit. Child care programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents, and must maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available for parents to review upon request. Statements of findings and corrective action plans are also available on-line at <http://childcaresearch.dhhs.nh.gov> or by calling the bureau at 603-271-4624 or 1-800-852- 3345, extension 4624.

During licensing, monitoring, and complaint investigation visits to licensed programs the department shall speak with children regarding the care they receive at the program if in the judgment of the licensing specialist the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to interview in a manner that is respectful and non-leading. Children will remain with their class or group during these conversations with licensing staff, and at no time will a child be forced to speak with a licensing coordinator. However, if you do not want your child interviewed, or if you wish to be informed prior to your child being interviewed you must give the family child care provider, center director, site director or designee, and update annually, a signed dated statement indicating your preference.

If licensing staff believes your child may have specific information regarding an alleged event at the child care program, and determines that it is best to interview your child separately and not with their class or group, please indicate your preference among the following options:

- \_\_\_ I give permission for child care licensing staff to interview my child at the child care program separate from their class or group.
- \_\_\_ I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from their class or group.
- \_\_\_ I do not give permission for child care licensing staff to interview my child separate from their class or group.

For more information about Child Care Licensing please visit our website at: <http://www.dhhs.state.nh.us/oos/ccclu/index.htm>

**Forest School L3C** EID# \_\_\_\_\_

## Enrollment Contract 2019-2020

Parent or Guardian Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Printed Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Name: \_\_\_\_\_

Director's Signature : \_\_\_\_\_ Date: \_\_\_\_\_