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 2016-2017. Classes are offer	red between Monday through Friday 8:30am-3:30pm for a
total of 48 weeks of the year. I/We understand that	t no refunds will be given for dates missed due to illness,
vacation, holidays, and inclement weather. I/We h	ave enclosed \$ to cover one month's tuition for our
child's last month of school.	
	, a non-refundable holding rate, due upon enrollment into
	l for their child more than two months in advance of their
child's starting date.	
I/We choose to pay the tuition fee using: 1) Applied narmont, paid at least one month	in advance of starting classes
1) Annual payment, paid at least one month	_
2) Monthly payments of \$ paid at le	
subsequent payments are due on the 15th of each i	
Please contact us as soon as possible to discuss a spe	ciai payment pian ij needed.
Initials Required Below:	
-	personal checks (payable to Forest School), bitcoin, cash
	ave an additional fee to cover card-company transaction fees.
	fee for payments made 7 days overdue and a \$25 NSF
·	ition is one month late, we will use your last month's tuition
for the unpaid month and your child's enrollment v	
,	a Withdrawal Request: A written request is required at
· · · · · · · · · · · · · · · · · · ·	l in order to give our program enough time to fill the space. es may have the opportunity to withdraw earlier. If
•	amilies are still required to pay for all scheduled days
corresponding to the full 60 day period whether or	
I/We understand that Forest School reserve	
Medical Emergency Authorization	
	ff to administer first aid to my child as deemed necessary.
	g affected area with water, mild soap, using sterilized
· · · · · · · · · · · · · · · · · · ·	ound with a bandage. In the event of a medical emergency, I
authorize emergency medical personnel to care for	
	ct me in case of emergency. I hereby authorize the Forest
School to obtain emergency medical care for	(print name of child). portation and treatment provided by emergency personnel
are my responsibility.	portation and treatment provided by emergency personner
are my responsibility.	
Privacy Authorization	
· · · · · · · · · · · · · · · · · · ·	ssword-protected web portal, accessible only to currently
	stribute any of the content within this portal. The portal
	ay's activities. I/We understand that photos of my child and vith currently enrolled families who visit the secure portal.
	may visit the program while my child is present. All visitors
will be asked to sign a confidentiality agreement ar	

	f my child to be duplicated in commu	inity books that stay in the
classroom and are distributed to currently <i>Optional:</i>	enrolled families.	
•	f my child to be included in the schoo	ol's printed and online materials
for current/prospective staff and families.		or 5 printed and omine materials
I/We give permission for my child		deotaped for educational/news
publicity purposes for use in any and all m		•
Sunscreen, Lotion and Insect Repellant	<u>Authorization</u>	
the start of enrollment and lasting until on of enrollment. I/We are responsible for re	placing expired and empty products.	piration, or my child's final day
- Sunscreen:		
- Insect Repellant:		
- Other (i.e. lip balm, rash cream, oin	tment):	
Release of Liability		
	is conducted primarily outside in na	ature and includes activities such
as crossing small streams, building bridge		
hills. I acknowledge that there are unknow	vn factors which can contribute to in	jury, such as but not limited to
scrapes, bumps, burns, and bruises.		
	to take my child outside the fenced-	
trails and to participate in wading activities there are risks associated with spending ti		
conditions, exposure to sun and a variety of		such as variable weather
	ription of types of outdoor activities,	risks involved, and the clothing
required. I understand that participation is		
good health and I am aware of no physical		
ability to participate in the activity.		•
Devoises in a holour. I hought agree a that were	hild is noutisingting in the payonage.	at your oran wish and I
By signing below, I hereby agree that my cacknowledge that Forest School has made		-
safety of conducting this program at this s		
the policies, terms, and conditions therein		
program, its employees and volunteers ma		
	, ,	
Family/Guardian Printed Name:		
Signature:	Date:	
Family/Guardian Printed Name:		
Signature:	Date:	
Director's Name		
Director's Name: Director's Signature :	Data	
Director s signature	Datc	

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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.

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