

Date Received:	_____
Fee Received:	_____
Class:	_____
Name:	_____

## REGISTRATION PACKAGE

### ADMISSION:

All forms must be complete and handed in before your child can start a Forest School program.

\*Post-date cheques for March. 23<sup>rd</sup> or pay with cash or Interac E-Transfer to wildflowersforestschool@gmail.com

\*Monthly payments are an option if needed, please contact WildflowersForestSchool@gmail.com for more information.

### Programs/Fees (Please Check Program of Choice) :

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Nature Pathfinders</b> (5-13yrs)<br><b>Wednesdays: 9:30am-3:30pm</b><br>Drop-off Program held at Bechtel Park in Waterloo<br>Bring your own nut-free lunch & snack<br><b>Start Date:</b> Apr. 1 <sup>st</sup> , 2020                                   | Full Day: \$720/12 weeks + HST(\$93.60)<br><b>Full Day Total: \$813.60</b><br>Half Day AM or PM:<br>\$360/12 weeks + HST(\$46.80)<br><b>Half Day Total: \$406.80</b> |
| <input type="checkbox"/> <b>Nature Explorers</b> (4-9yrs)<br><b>Thursdays: 11:30am-2:00pm</b><br>Drop-off Program held at Bechtel Park in Waterloo<br><b>Start Date:</b> Apr. 2 <sup>nd</sup> , 2020   | \$340/12 weeks + HST(\$44.20)<br><b>Total: \$384.20</b>  |
| <input type="checkbox"/> <b>Nature Discovery &amp; Play</b> (Parent & Tot Program; 18mths-5yrs)<br><b>Thursdays 9:30am-11:00am</b><br>Program held at Bechtel Park in Waterloo<br>*Parent/Caregiver must be present during class<br><b>Start Date:</b> Apr. 2 <sup>nd</sup> , 2020 | \$150/12 weeks +HST(\$19.50)<br><b>Total: \$169.50</b>   |
| <input type="checkbox"/> <b>Adventures in Nature</b> (6-13yrs)<br><b>Wednesdays 4:00pm-5:30pm</b><br>Drop-off Program held at Bechtel Park in Waterloo<br><b>Start Date:</b> Apr. 1 <sup>st</sup> , 2020   | \$230/12 weeks* +HST(\$29.90)<br><b>Total: \$259.90</b>  |

20% Discount for participants who register in more than one program

20% Discount for families with more than one child registered in the a program.

Wildflowers Forest School

Returning Participant? \_\_\_\_\_

If no, how did you hear about to us? (e.g. website, friend, facebook) \_\_\_\_\_

**Child's Application/Emergency Record**  
(strictly confidential)

PLEASE PRINT & FILL IN ALL SPACES

**Child's Full Name:** \_\_\_\_\_

Date of birth: \_\_\_\_\_

Name known by: \_\_\_\_\_ Sex: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ P.C.: \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

E-mail address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_  
if different from above

Address: \_\_\_\_\_  
if different from above

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Name of Family Physician:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Physician: \_\_\_\_\_

**Emergency Contacts:** Names and phone numbers of two **(2) different local people** to whom your child may be released (other than parent/Guardian) in case of emergency when contact with parents cannot be made:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

**Special Notes (e.g. allergies, drug reactions, etc.):**

\_\_\_\_\_

**PARENT’S AGREEMENT**

I hereby make application for active participation in the Wildflowers Forest School. I am enclosing a cheque for the 12 week program dated March 23<sup>rd</sup>, 2020 or cash or payment by Interac E-Transfer to wildflowersforestschool@gmail.com.

If it becomes necessary to withdraw my child from the program, I understand that no refund will be provided.

I hereby authorize the Forest School Educator to carry out regular health inspections of my child. If found ill, s/he will be isolated (separated from the other children), supervised, and I or the emergency contact will be called to take the child home.

I hereby authorize the Forest School Educator or another responsible adult to obtain emergency medical treatment for my child by qualified personnel if I am unable to be reached.

I will not send my child to school if there is any question of illness. If my child contracts a communicable disease, I will notify the Forest School Educator who will notify Public Health.

I will keep the Forest School Educator informed of any event or change of routine at home, which might affect my child's behaviour.

If I have any questions about my child's progress in the program, I will direct them to the Forest School Educator. I will direct questions or suggestions about administration of the school to the Forest School Owner, Brandy Schell.

In case of injury to my child while in the care, custody or control of the school, I hereby waive all claims against the school in excess of public liability insurance carried by the school.

I understand that, during the program in the forest, the Forest School Educator has overall responsibility for program, teaching methods, discipline, and health and safety measures; if I am volunteering, I am there as an assistant.

I, the undersigned, have read this parent's agreement carefully and agree to follow it to the best of my ability.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

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**Participation Consent**

I hereby grant consent for my child, \_\_\_\_\_, to fully participate in the program of activities organized by Wildflowers Forest School. This consent does not include participation in:

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I hereby declare that I will not hold the aforementioned Forest School responsible in case of accident. I hereby grant my consent for emergency medical treatment to be administered to my child, if necessary, for any injury or illness during the Wildflowers Forest School Program.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**Wildflowers Forest School Waiver Form**

Organization Name: Wildflowers Forest School

Mailing Address: 34 Hampton St. Elmira, ON, N3B 1L7

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

**1. Participant Agreement & Waiver:**

Description of Risks

I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my child's participation in Wildflowers Forest School. I am aware that there are inherent risks involved with outdoor, nature-based activity and in my child's participation in any outdoor activity in the outdoor program at Wildflowers Forest School, including my child's use of any equipment. The risks and hazards of outdoor activity include, but are not limited to:

- Injuries from executing strenuous and demanding physical activities
- Injuries from failing to properly use tools such as carving knives
- Contracting poison ivy or stinging nettle
- The presence of wild animals and possible ticks
- Inclement weather

Furthermore, I am aware:

- That injuries sustained in outdoor activity can be severe and even fatal;
- That all explained rules are designed to enhance safety of my child and others and are to be followed at all times;
- That knife and carving work require special instruction and training from the practitioner.

**2. Release**

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless Wildflowers Forest School, its officers, agents and/or employees, other participants, sponsors, volunteers, and, if applicable, owners and lessors of premises used to conduct the event (Releasees), from any and all claims, demands, losses, and liability arising out of or related to injury, disability or death I may suffer, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.

**3. Health Statement**

I will notify Wildflowers Forest School ownership or employees if my child suffers from any medical or health condition that may cause injury to themselves or others; or may require emergency care during my participation.

**4. Acknowledgement**

I acknowledge that I have read and fully understand this agreement, while accepting the risks involved with my child's participation in these activities at Wildflowers Forest School.

**I have read this release of liability and assumption of risk agreement, fully and understand its terms, and sign it freely and voluntarily without any inducement.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMAGE RELEASE AGREEMENT**

**Participants Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

This release is for the use of all participants of Wildflowers Forest School. It will remain in effect from the time of signing until the participant reaches the age of majority - or for adult participants it will remain in effect indefinitely.

In the course of activities, representatives of Wildflowers Forest School, Educators, participants and staff may take photographs or otherwise record events. These photographs and recordings are sometimes used to promote Wildflowers Forest School. Please advise us if you are willing to have your own image and voice and/or your child's image and voice used for promotional purposes by Wildflowers Forest School, as indicated below:

I, on my own behalf and/or on behalf of my child, give permission to the Wildflowers Forest School to photograph and record me and/or my child's image and voice on still photographs, motion picture film, audio tape, video tape or digital media and to use this material, and/or similar material provided to Wildflowers Forest School by me or third parties involved in events, in whole or in part, now and in the future, through the media of television, film, internet, multi-media presentation, radio, audiotape, videotape, in printed form and display form for the promotion of Wildflowers Forest School. I, on my own behalf and/or on behalf of my child assign and transfer to Wildflowers Forest School any and all proprietary rights, including copyright, and waive all personality rights, which I may have or my child may have in this material.

Wildflowers Forest School is only responsible for official uses of photographs and recordings. Any personal uses by other participants and volunteers outside of the promotional uses outlined above are not monitored by or the responsibility of Wildflowers Forest School.

**I, on my own behalf and/or on behalf of my child:**

**Give my permission as set out above for use in public domains**

**OR**

**DO NOT give my permission as set out above, for use in public domains**

\_\_\_\_\_  
**Name of applicant/participant or parent/guardian signing form**

\_\_\_\_\_  
**Signature of applicant or parent/guardian**

\_\_\_\_\_  
**Relationship to child**

\_\_\_\_\_  
**Date**

**HEALTH & MEDICAL  
INFORMATION FORM**

**CHILD'S NAME:** \_\_\_\_\_

Please provide any information regarding:

- Chronic medical problems (e.g. diabetes, asthma, epilepsy, or other diseases)
- Impairments or disabilities (e.g. vision, hearing, speech)
- Routine medications (e.g. Phenobarbital, Ritalin, etc) – please indicate dosage and frequency
- Allergies (e.g. drug, food, insect bites, pets & animals, environmental)

**Chronic Medical Problems**      YES       NO

Please Describe: \_\_\_\_\_

\_\_\_\_\_

**Impairments or Disabilities**      YES       NO

Please Describe: \_\_\_\_\_

\_\_\_\_\_

**Routine Medications**      YES       NO

Please Describe: \_\_\_\_\_

\_\_\_\_\_

**Suspected or Confirmed Life-Threatening Allergies**

YES       NO

\*If yes, please see Forest School Practitioner

Please Describe: \_\_\_\_\_

\_\_\_\_\_