



Forest School Child Registration Form

Program: Forest Preschool, Kindergarten or School _____
Session (if applicable): Fall, Winter, Spring, Summer _____

Last Name:	
First Name	Middle Name:
Nickname:	
Birth Date:	Start Date:

DAYS REQUIRED: Please circle the appropriate days.

Monday

Tuesday

Wednesday

Thursday

Friday

PARENTS OR GUARDIANS

Last Name:		
First name:		
Address:		
Home Phone:		
Work Phone:		
Cell Phone:		
Email:		
Relationship to Child:		

OTHER EMERGENCY CONTACT

Name:	Relationship to Child:
	Work Phone:

Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name, address and phone number of any other person/s who you authorize to pick up your child on your behalf.

Name	Address	Phone

A parent/guardian's verbal authorization for pickup must be received before your child will be released to anyone not listed here. If not received, and we cannot notify you by phone, the child will not be released.

MEDICAL INFORMATION

Doctor	Office Phone
Address	
City:	Postal Code
Medical Ins. #	Child's Personal ID#:
Allergies:	
Medical Problems:	
Medication:	
ADDITIONAL INFORMATION: Please indicate likes/dislikes, potty training, special interests, etc.	

PHOTO CONSENT

Carp Ridge Forest Preschool may wish to take pictures or video of the children at various times throughout the year. The intended use of pictures would be to promote our program, or supply an educational audience with a visual concept of what a Forest Preschool is. [Examples of this use could be newspapers, magazines, Parent Handbooks, or educational Journals]. Please indicate below whether or not you authorize Carp Ridge Forest Preschool to use your child's picture for public display.

I hereby do / do not authorize Carp Ridge Learning Centre to use _____ picture for public display.

(Print name of child)

 Parent/Guardian Signature Print Name Date

EMERGENCY CONSENT

It is our policy of to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service. Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD _____ WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY THE STAFF OF MY CHILD'S DAYCARE WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT.

.	.
Parent/Guardian Signature	Parent/Guardian Signature
.	.
Date:	Date:

Updated: November 17, 2009

Code of Conduct

Developing an understanding of and responsibility for individual potential and abilities includes accepting responsibility for individual actions. While under the leadership of skilled staff, the activities that your child will engage in as a participant at the Carp Ridge Learning Centre involve risk – in choices made by the participant. As a condition of being allowed to participate in Carp Ridge Learning Centre programs, you warrant the participant is in good physical and mental health and that the participant shall not consume any substances which would impair the participant’s senses at any time during the program. You agree that intentional participant behaviour that puts the participant or others at physical or emotional risk will result in immediate dismissal from the program at the discretion of the centre’s Director. Expenses incurred because of program dismissal will be the responsibility of the participant/parent/guardian.

Release

I, the undersigned, permit participation in a full range of activities and authorize the Program Director or his/her appointee, in the event of an accident or illness, to authorize on my behalf all procedures, including admission to hospital and necessary treatment therein, as he/she may deem essential for the care and well-being of the participant. I also give my consent for Carp Ridge Learning Centre to use the participant’s photo taken at camp which may be used for Carp Ridge Learning Centre promotions, unless Carp Ridge Learning Centre is advised otherwise in writing. I have read, understand and agree to the terms of the refund/transfer policy, code of conduct and payment procedures.

Parent/Guardian Signature

Name (please print)

Date

The Fine Print:

- We will refund your deposit in the event that we cancel the program.
- If you need to cancel, please notify us immediately. If cancellations are made prior to 14 days from the start date of the course, a full refund will be given.
- Cancellations made less than 14 days before the program will be refunded 50%, and cancellations made less than 7 days before the program will not receive a refund, unless in the event of illness or special circumstances, in which case will be reviewed by the Director.
- Any person who leaves during the middle of a program due to illness, injury, expulsion, or any other reason will not be refunded any portion of the course fees.

Payment can be made by cash or cheque. If possible, please send post-dated cheques by the month or session, as applicable. Please make cheques payable to:

Carp Ridge Learning Centre

Amount \$ _____

Thank You! We are looking forward to meeting you!

Mail or fax a completed application to:

Carp Ridge Learning Centre, 2386 Thomas Dolan Pkwy, Carp ON, K0A 1L0



Participant Agreement/Waiver Forest School

Description of risks:

I am aware that there are inherent risks involved with outdoor wilderness activity and in my child's participation of any outdoor activity at the Carp Ridge Learning Centre, 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
- Injuries resulting from matches or fire
- Contracting poison ivy
- The presence of ticks and bears

Furthermore, I am aware:

- That injuries sustained in outdoor activity can be severe and even fatal;
- That all rules verbally explained, and outlined are designed to enhance safety of my child and others and are to be followed at all times;
- That knife and carving work as well as fire and open fire cooking require special instruction and training from the facilitator;
- My child's risk of injury increases with fatigue

Release:

I release the Carp Ridge Learning Centre, its Directors, Facilitators, Teachers, Volunteers, and Members of all responsibility for any injury, loss, or damage which my child might sustain while participating in any Carp Ridge Learning Centre or Carp Ridge Forest School activity.

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 the Carp Ridge Learning Centre and Carp Ridge Forest School.

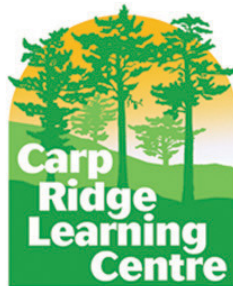
Printed names of children

Signature of parent/guardian

Printed name of parent/guardian

Date

2386 Thomas Dolan Parkway ~ Carp, Ontario ~ K0A 1L0 ~



CARP RIDGE FOREST SCHOOL Parent Questionnaire

2386 Thomas Dolan Parkway, Carp Ontario, K0A 1L0
Phone: 613.839.1179 Fax: 613.839.3909

www.carpridgelearningcentre.ca
info@carpridgelearningcentre.ca

forestpreschool@ecowellness.com
camp@ecowellness.com

Child's Name:	Parent's Name(s):
Child's DOB:	Home Address:
Referred by:	Email:
Today's Date:	Phone:

1) What do you wish your child to gain from taking part in an outdoor preschool?
2) How often does your child spend in nature or outdoor play? Describe regular and/or favourite activities.
3) What is pleasurable and/or easy for you regarding your child's personality?
4) What can be challenging for you regarding your child's personality?
5) Does your child have any siblings? If yes, what are their names and ages?
6) How do you and/or your family deal with discipline?
7) Are you comfortable with your child getting wet and/or dirty? [Please note: They will get wet and dirty?]

8) What fears might you have about nature?

9) What is something you would like or think I should know about your child?

10) Does your child have a difficult time separating from you and is this a concern for you?

11) How do you feel about your child using the 'bathroom' in mother nature?

12) Could you describe your connection to nature?

13) Is your child receiving any form of counselling we should be aware of?

[Please note: We ask this with the utmost respect knowing that this awareness will assist us in creating safer and more accessible spaces for your child and that of their peers].

Thank you for sharing with us. This information will be kept confidential while being used by authorized personnel to design program and interact with your child in a respectful, caring way.

Start Date:

Revised 2011-07-21