



Environmental Education

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Fall 2019 Norfolk Forest School Registration Form

Ryerson Camp (near Normandale) –

- Ages 3 to 6. Tuesdays, Wednesdays, and Thursdays
- Ages 6 to 12 (homeschooled). Mondays.

Circus in the Trees (near Scotland)

- Ages 6 to 10 (homeschooled). Tuesdays.
- Ages 11 to 14 (homeschooled). Fridays.

Participant Name: _____

Male/Female: _____ Date of Birth: _____ Age: _____

Mailing Address: _____

Mother/Guardian Name: _____

Place of Employment: _____

Home #: _____ Work #: _____ Cell #: _____

Email Address: _____

Father/Guardian Name: _____

Place of Employment: _____

Home #: _____ Work #: _____ Cell #: _____

Email Address: _____

Alternate emergency contact (in the event a parent(s) cannot be reached):

Relationship to Alternate Contact: _____

Home #: _____ Cell#: _____

Person(s) to whom the participant **MAY** be released:

Person(s) to whom the participant **MAY NOT** be released:

Medical

Doctor's Name: _____

Address: _____

Doctor's Phone #: _____

Your Child's Health Card #: _____

Does your child have any Allergies: YES/NO _____

If YES, please explain: _____

Emergency Procedures or Specific Instructions for above:

Does your child have any health problem or limitations that would affect their participation in programs? (hearing, speech, physical or emotional delays):

Is your child on any medications? YES/NO _____

If YES, provide details: _____

- My child will be responsible for her/his own medication**

Other information about your child you wish to provide:

Authorization

If at any time emergency medical treatment is necessary for my child, I give consent for treatment to be given. Every effort will be made to contact parent/ guardian(s) and/or emergency contacts. Please *initial* in consented space: **YES** _____ **NO** _____

Note: In the event of a serious illness or injury, your child will be sent to Simcoe General Hospital or Brantford General Hospital (dependent on which Forest School location).

I understand that there is risk involved in participating in an activity or program and I acknowledge that my choice to register my child in the above named program brings with it the assumption by me of those risks.

I consent to my child’s photo being taken using photograph or video. I further understand and authorize that pictures taken at camp may be used for promotion (i.e. social media, print media, NCEE publications and website, and other forms for advertising and promotion). I hereby waive any right to inspect or approve the finished product or advertising or other copies that may be used in connection therewith or the use to which they may be applied. I understand that this material remains the property of Nature’s Calling Environmental Education.

YES _____ **NO** _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Payment

Program Fee: \$50 per child per day. Please see terms below.

Method of Payment (please circle): CASH CHEQUE E-TRANSFER

Payment Schedule Policy

The program cost is \$50/day/child.
The program runs from 9am – 4pm.
Payment options include: weekly, monthly, or by seasonal term.
We greatly appreciate payment in advance.

Cancellation and Refund Policy

If a day's program must be cancelled due to educator illness, a full refund for the day will be issued. Norfolk Forest School will make every effort to notify parents (by email, telephone, text) as soon as possible so alternate arrangements for their child can be made.

If a child is absent from a program for any reason (including illness, vacation, appointments or prior engagements), a refund will not be issued for the days absent (see *Attendance Policy* for exceptions)

In the case that a child must withdraw from the Norfolk Forest School program for a legitimate reason (health, moving away, etc.), a 50% refund for remaining unused days will be issued.

Attendance Policy (sick/flex days)

Norfolk Forest School understands that there will be days that a child may not be able to participate in forest school due to illness or other commitments. To accommodate for such circumstances, each registered participant is entitled to 3 sick days/term in which the daily fee will be waived (\$50/day). Once a participant has reached the 3 sick days, the regular daily fee will apply.

Sick/flex days are not transferable to subsequent terms.

Student Behaviour

While the focus of our programming is on fun and learning, there are some behavioural expectations for students to ensure everyone receives an enjoyable experience.

To ensure the safety of all Norfolk Forest School program participants: physical violence, harassment, bullying or foul language will not be tolerated. Parents/guardians will be notified if their child's behaviour is inappropriate. If such inappropriate behaviour continues, NCEE reserves the right to remove the child from the Program and to refuse any further participation. No money will be refunded.

If a student is not enjoying the Program, is not able to participate in a collegial and friendly manner, or is not willing to behave in a way that means other students are impacted by their behaviour, the parents will be notified. Every attempt will be made to keep a participant in the Forest School but, should the behaviour continue, NCEE reserves the right to remove the student from the Norfolk Forest School.

Definitions of *inappropriate behaviour* and *unsafe behaviour* are defined in NCEE's policies and handbook, which is available on request.

Assumption of Risk and Consent

I, the undersigned Parent/Guardian of _____, do hereby consent to her/his participation in the Norfolk Forest School. I understand that the Norfolk Forest School provides enquiry-based learning and occurs in a mainly outdoor environment. I understand all program daily commencement and completion times. I also understand that I must be timely in my drop off and pick-up of my child.

I am aware that there are potential risks and hazards associated with my child's participation in NCEE programs. I understand that the hazards include, but are not limited to:

Outdoor Classroom: Navigation in unfamiliar territory; slips, trips or falls; trees and other natural objects.

Indoor Classroom: electrical cords; equipment, impact with chairs or other potential obstructions.

Allergic Reactions: allergic reactions resulting from contact with cultivated or wild plants; food or drinks; spider, tick or insect bites.

Physical Activities: bumps, collisions, falling, tripping, bruises, broken bones, sprains, eye injuries; failure to play safely within one's own ability.

Weather: changing weather conditions; wet weather; snowy weather; the effects of heat or strong sunlight.

Other Hazards: the possibility that my child, or others do not heed safety instructions or restrictions given to them.

I acknowledge that accidents may occur during my child's participation in NCEE programs and can occur without fault on either the part of my child or NCEE staff. I am aware that NCEE will take all necessary safety precautions and will attempt to minimize any risks associated with program activities. Accidents however, may cause loss of personal property, injury or even death.

I understand that my child is expected to be respectful and considerate to other participants and NCEE staff, and must adhere to the rules with regard to student behaviour as set out above. I further understand that inappropriate behaviour on the part of my child may result in her/his removal from Norfolk Forest School and that I will not receive any refund of fees.

I understand that my child will be solely responsible for her/his personal property and effects during Norfolk Forest School and acknowledge that it is recommended that valuable items are not brought on to the property.

I also release Nature's Calling Environmental Education and their staff / volunteers from any claim arising from such risks.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

For NCEE Administration

I have reviewed this application and have noted any missing information.

Date: _____

Name: _____

Position: _____

Signature: _____