

Fall Nature Play Friday Enrollment Form

Come join Friday's with Ben and Jake at Cornerspring!

For Ages: 5 - 11, Grades K-5

Name of Child: _____

Date of Birth: _____



My child will need:

Aftercare until 4 pm

Fall is coming, you need care on Friday afternoons and your kids still want to be outside! Cornerspring's Nature Play Friday Program is designed to let kids be kids. Together, we will run, jump, climb, invent, imagine, play, and be a free-range kids - all while developing self-confidence and learning valuable social skills. During Fall Nature Play, we will explore wooded trails, play in and near streams, build forts, climb trees, make new discoveries about ourselves and the world around us and use our imaginations on Cornerspring's 35 acres. Our instructors provide a safe setting for children to explore nature and to stretch their limits as they balance on logs, catch frogs, hold salamanders, or co-create new games with their peers.

Please send with your child EVERY Friday

Weather appropriate clothing, waterproof boots, and a water bottle

HOURS

Fridays: September 6 - December 13 (no class October 11 or November 29) 12:00 - 3:00 pm

Each family will need to arrange TRANSPORTATION to Cornerspring

COST

\$20 per session. (An additional \$10 per day to join Cornerspring's After Care program till 4 pm)

*** A \$100 deposit is required with this form. The remaining balance of \$160 is due October 1st**

For Office use only:

Date enrolled: _____ Deposit paid _____ Balance paid _____

Payment information:

Check () # _____ Cash () Other () _____

Child Information

First Name:	Last Name:
Nickname:	
Date of Birth:	
Home Address:	
Home Phone:	

Parent Contact Information

Parent 1 Name:	Parent 2 Name:
Home Address:	Home Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Workplace Name:	Workplace Name:
Workplace Phone:	Workplace Phone:

Emergency Contact Information--Please list people who should be called in case of emergency if parents are not reachable.

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

Permission to Transport--People who are allowed to transport your child.

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

Medical Information

Physician Name:	Physician Phone:
Dentist Name:	Dentist Phone:
Allergies (food, meds, latex, insects, etc.):	
Medications your child takes on a regular basis:	
Medical Issues/Illnesses/Restrictions:	

Permissions & Signatures

Emergency Medical Care:
I authorize Cornespring Montessori School to obtain emergency medical deemed necessary for my child.
Signature: _____ Date: _____

Field Trips:

Please sign below to give general permission for your child to attend field trips. You will be notified of any off-site field trips in advance. This will give permission for impromptu(not parent notified) walking field trips on Cornerspring's 35 acres. This will also give permission for your child to be transported by teachers, parents or bus to school field trips or events.

Signature: _____ Date: _____

Publicity Issues:

I understand that my child's photo may be published in publicity and/or advertising materials such as newspapers, the school website, the school Facebook page, school brochures or other informational literature.

Signature:

Date: