Cornerspring MONTESSORI SCHOOL

Winter Nature Play Friday Enrollment Form

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

For Ages: 5 - 11, Grades K-5

Name of Child:_____

Date of Birth:_____

Additional Child Care Needs: ☐ Aftercare until 4 pm ☐ None

Nature Play Friday's outdoor fun and adventure will continue as we transition into the winter! At Nature Play, we like to go by the saying, "There's no such thing as bad weather, only inappropriate clothing!" So please be prepared for the elements as we further our knowledge of staying warm, maintaining our shelter, procuring water, safely making fire, and finding wild edible and medicinal plants. We will continue to track the variety of wildlife living in the woods and observe the changes as they move into their winter routines. Also, count on building snow shelters, snow-shoeing, and much more! We look forward to seeing you all there!

Please send with your child EVERY Friday

Weather appropiate clothing, waterproof boots, and a water bottle

HOURS

Fridays: January 3 - February 28 (no class February 21) 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)

The total $160.00 is required with this form

For Office use only:

Date enrolled: _____ Balance paid _____

Payment information:

Check ( )# _____Cash ( )Other( )_____

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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: