



Fall 2025 Coyote Club Nature Immersion Program for Homeschoolers Registration Form

This is a place-based, ecology program open to children ages 6-10.

Children must bring their own lunch, water and seasonally appropriate outerwear. We will be outside on forested trails for part of our day. Participants are welcome to bring an extra bag with a change of clothes or footwear.

Thursdays 1030AM - 230PM

There are 2 different payment options:

Session 1: September 11, 18, 25 and October 2 - \$135

Session 2: October 9, 16, 23, and 30 - \$135

Session 3: November 6, 13, 20 - \$105

OR

All 3 Sessions: \$365

(Siblings receive a 10% discount)

Tuition may be paid via check in the mail to: Field, Farm and Forest, PO Box 334, East Burke, VT 05832 or via paypal (with a 3% surcharge added) using the email address:

FFFnonprofit@gmail.com

Tuition payment is required to secure your child's spot. Space is limited.

More information about FFF can be found in our Family Handbook. You can find this on our website. Questions? Please email teacher Emily at emily@fieldfarmandforest.org All participants will receive an email with more details about the program prior to the beginning of each session.

I am registering my child for the following session(s):

- ☐ Session 1: September 11, 18, 25 and October 2
- ☐ Session 2: October 9, 16, 23, and 30
- ☐ Session 3: November 6, 13, 20
- ☐ ALL 3 Sessions

Child's Name: _____ Preferred nickname? _____

Date of Birth: _____ Age when starting the program: _____

Child lives with: _____

Name of Parent(s) or Guardian(s): _____

Address: _____

Phone: _____

Email: _____

Please provide two emergency contact phone numbers. These are the numbers you want us to call first if there is an emergency with your child. The first will likely be a parent or guardian cell phone; the second may be another parent or guardian, or other family member, friend, etc.

Emergency Contact 1: _____ Phone: _____
Relationship to child: _____

Emergency Contact 2: _____ Phone: _____
Relationship to child: _____

Health Information

Please list any special medical, developmental, emotional or educational needs your child may have including allergies, food sensitivities, existing illnesses or injuries, previous serious illnesses or injuries, any prescribed medication including those for emergency situations or any other special circumstances that we need to be aware of:

Doctor's Name: _____
Phone: _____

Dentist's Name: _____
Phone: _____

Please check off the medications/applications that staff may administer to your

child: ☐ sunscreen ☐ insect repellent ☐

other _____

Parent Signature: _____ Date: _____

Agreements and Understandings

Please initial the following

___ I understand my child will be outside and should be dressed appropriately for any weather.

___ I understand that when the children are outside, there are no fences. This means that if a child is a runner, FFF needs to know this ahead of time. FFF does not have funding for one-on-one support. If an educator has to leave to follow a child, that leaves the other educators short-handed. If a child is being unsafe in the woods and refusing to work with FFF educators, they will have to ask the caregivers to come pick up the child.

___ I understand that my child's participation in this program may increase their chance of exposure to diseases, including but not limited to Covid-19. Prevention measures will be implemented with CDC and state guidelines in mind.

Emergency Evacuation Release

In the event of an extreme emergency where evacuation is required, I give permission for my child to be transported by Field Farm and Forest, its representatives, or employees, by any means necessary to a safe location. I understand that every possible effort will be made to reach me in this event.

Parent/Guardian Signature: _____ Date: _____

FIELD FARM AND FOREST MEDICAL EMERGENCY

I hereby authorize and grant permission for Field, Farm and Forest and its employees to act on my behalf according to their best judgment in the event of a medical emergency or any and all injuries and illnesses sustained or experienced during my child's participation in activities, including but not limited to emergency first aid, emergency transport to a medical facility, and emergency treatment by medical personnel onsite or at a medical/hospital facility. I understand that in the event of an emergency or injury, Field, Farm and Forest will make reasonable attempts to contact me or my designated emergency contact.

By signing below, I further acknowledge that my child named below has health insurance and is covered by my personal medical insurance policy. I understand that I am responsible for any medical fees, including co-payments or other expenses not covered or denied by my health insurance policy.

The undersigned, the parent(s)/legal guardian(s) of Participant, has (have) reviewed the foregoing agreement and hereby consent(s) and agree(s) to the same.

(Child's Name)

Date _____ (Signature
of Parent(s)/Legal Guardian(s))

(Print Name(s))

FIELD FARM AND FOREST PHOTO RELEASE*

I hereby consent that photographs taken of my child may be used by Field, Farm and Forest and its assigns and successors, for the Field, Farm and Forest website, social media pages, external publications, newspaper articles, and/or promotional materials about Field, Farm and Forest and/or Field, Farm and Forest Programs. I understand that photographs used will not include personally identifiable information.

I release Field, Farm and Forest from any expectation of confidentiality for the undersigned minor child and attest that I am the parent or legal guardian of the child listed below.

(Child's Name)

_____ Date _____ (Signature
of Parent(s)/Legal Guardian(s))

(Print Name(s))

***The photo release is optional. If you do not wish to give consent for photos, your child may still participate in activities.**