



## Registration Form

*Please download, fill it in, save the form in your child's name and email the completed form back to [wildrootsnatureandforestschool@gmail.com](mailto:wildrootsnatureandforestschool@gmail.com)*

### Child/Participant Information

First Name:

Last Name:

Birthday:

Age:

### Primary Parent/Guardian Information

First Name:

Last Name:

Relationship to Child:

Street Address:

City/Town:

Province:

Postal Code:

Phone Number:

Email:

Will you be picking up the participant? Yes or No.

Are you the primary emergency contact for this participant? Yes or No.

### Secondary Parent/Guardian Information

First Name:

Last Name:

Relationship to Child:

Address Same as Above: Yes or No.

Street Address:

City/Town:

Province:

Postal Code:

Phone Number:

Email:

### **Additional Emergency Contacts**

First Name:

Last Name:

Phone Number:

### **Additional Child Release**

First Name:

Last Name:

Relationship to Child:

Phone Number:

### **Medical Information**

Please list any significant medical information about your child below. This includes information about serious allergies, medical conditions, medications and other physical, behavioural or mental health information.

**Comments:**

## Questionnaire

1. How often does your child spend in nature or outdoor play? Describe regular or favourite activities.
2. What is pleasurable and/or easy for you regarding your child's personality?
3. What can be challenging for you regarding your child's personality?
4. Are you comfortable with your child getting wet and/or dirty? Please note: they will get wet and/or dirty.
5. What fears might you have about nature?
6. Does your child have a difficult time separating from you and is this a concern for you?
7. Does your child tend to run away?

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