



FAYETTEVILLE NATURE SCHOOL

Enrollment Form

Child's Name: _____

Birth date: ____/____/____ Gender: M / F Age: ____

Entering Grade: K 1st 2nd 3rd 4th 5th

Program (Circle): *Elementary Full Week* *Homeschool program: Wednesday and/or Friday*

Child Home address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Previous School: _____ City, State: _____

Parent/Guardian Contact Information

Name: _____ Phone: _____ Email: _____

Workplace: _____ Work Phone: _____

Name: _____ Phone: _____ Email: _____

Workplace: _____ Work Phone: _____

*Emergency contact: _____ Relationship: _____ Phone: _____

Persons Authorized to pick up child: (If other than parent, ID will be required to pick up)

Name	Relationship to the child	Primary Contact Number

Add on Options – See tuition for pricing

☐ Parkside Before Care 7:30–8:30

☐ Parkside After Care 3:30–5:30 (Elementary Full Week only)

Health Information

Is your child on any medication? No Yes

If so, please specify: _____

Please list any allergies (including food, medicinal, seasonal, chemical, etc.)

Any other conditions you'd like to make us aware of or comments:

Permissions

I give my permission for the following to be given/applied to my child:

Yes No = Sunscreen Yes No = Insect repellent Yes No = Triple Antibiotic Ointment

Gulley Park Permission: Gulley Park and Niokaska Creek are a huge part of our educational experience! I understand my child, _____, will participate in nature hikes, including trail, forest, and creek adventures.

Photo consent:

___ I give my permission for my child, _____, to be photographed and/or video recorded for the purpose of in school, classroom use.

___ I give permission for my child, _____, to be photographed and/or video recorded to be posted on social media and/or used in promotion of school.

Emergency Medical/First Aid Consent

I, parent/guardian of _____, authorize Fayetteville Nature School to seek emergency medical care for my child. Such care may include transportation to and from the hospital, medical care from a licensed physician in the event that a parent/guardian cannot be reached, as well as first aid treatment by Fayetteville Nature School staff.

While it is understood that reasonable precautions will be taken by School staff to prevent accident or injury to my child while in their care, I will not hold them legally responsible for such accident or injury.

Parent/Guardian Signature: _____ Date: ____/____/____

Parent/Guardian Signature: _____ Date: ____/____/____