



**ENROLLMENT FORM
2024-2025**

Child's Name _____ **__M __F**
Last First Middle

Home Address _____

Home Phone _____

Birth Date _____ **Place of Birth** _____

Class to Enter:

5 day program: **Morning** **Afternoon**

3 day program: **Morning** **Afternoon**

2 day program: **Morning** **Afternoon**

FAMILY INFORMATION

Child lives with: Both Parents Mother Father Other

Siblings: (Please list names and ages) _____

	Father	Mother
First & Last Name		
Home Address (if different from that of child)		
Home Phone		
Cell Phone		
Email Address		
Occupation		
Employer Name		

Employer Address		
Business Phone		

PERSONS AUTHORIZED FOR PICK-UP

The following people may pick up my child at Lookout lake and may be called for emergencies or illness:

Name	Address	Relationship	Telephone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Person(s) picking up this child on a regular basis _____

HEALTH INFORMATION

1. Does your child have any allergies? Yes () No ()
Specify: _____

 2. Does your child have any other medical condition that may affect their participation in an outdoor school? If yes, please describe in detail.

 3. Does your child have any dietary preferences?

 4. Physician's Name, address and phone number: _____

 5. Is your child currently on any medications? Yes () No ()
 6. Is your child allergic to any medications? Yes () No ()
- If yes, please explain:
7. My child has been vaccinated for:
 Measles Mumps Rubella Polio Waiver Signed

Any additional information you want us to know about your child?

PARENTAL/LEGAL GUARDIAN AUTHORIZATION SIGNATURE FORM

In the unlikely event that a serious emergency arises it may become necessary for a physician to attend to your child before the staff can get in touch with you. Your SIGNATURE ON THE AUTHORIZATION FOR MEDICAL TREATMENT FORM is needed to ensure that proper emergency care is provided. This authorization must be signed in order for your child to attend programs at Lookout Lake.

Authorization for Medical Treatment

I hereby authorize the staff at Lookout Lake to provide first aid, including care rendered through the facilities of the nearest physician or hospital for any emergency that may arise while he/she is in attendance at school. I will assume full financial responsibility for all medical, nursing, or surgical care, including transportation of my child. I have carefully reviewed the health procedures information. The information I have provided on this enrollment form is accurate to the best of my knowledge.

Parent/Legal Guardian Signature _____ Date _____

I/WE HEREBY AGREE AND CONSENT TO THE FOLLOWING:

PERMISSION TO PHOTOGRAPH/VIDEOTAPE

I/We hereby give permission to staff at Lookout Lake to photograph and/or videotape my child during class activities. I/We give permission to LL to use my child's photograph/videotape image in their websites, brochures, advertisements, and newsletter. I/We give LL permission to continue to use my child's image even after he/she is no longer enrolled at LL, unless I/we specifically revoke this permission in writing. **YES** **NO**

FINANCIAL AGREEMENT

I/We hereby agree to make tuition payments, monthly and in advance, by the first of each month. I/We agree to pay a 10% late fee if payment is not made by the 5th day of the month. I/We acknowledge and accept that there are no refunds or credits for temporary absences due to personal vacation, school vacations, illness, dismissal and withdrawal. I/We agree to be financially responsible for the payment of all tuition and late fees.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Specify if special arrangements have been made: