

# Nature's Schoolhouse Network

## Program Registration Form 2024-25

### Schedule Options:

**Dragonflies & Dolphins:** Monday, Wednesday, Friday; Monday/Wednesday; Tuesday/ Thursday; Fridays

**Sea Turtles:** Pick and choose between Monday, Wednesday, Friday

### Class options:

**Dragonflies:** 5-6 year-olds, K-1st grade

**Dolphins:** 7-8-year-olds, 2nd-3rd grade

**Sea Turtles:** 9-12-year-olds, 4th-6th grade

/

date

Student's Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Class applying for: \_\_\_\_\_

Gender \_\_\_\_\_ Schedule applying for: \_\_\_\_\_

### Health Details

Allergies and/or dietary restrictions:

\_\_\_\_\_  
\_\_\_\_\_

Medications, doses, schedule:

\_\_\_\_\_  
\_\_\_\_\_

Any other details you'd like us to be aware of (ex: life changes, social anxiety, diagnosis, etc.)

\_\_\_\_\_  
\_\_\_\_\_

### Parent/ Guardian Details

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Parent/ Guardian # 2 Details

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_



## Emergency Contact

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

## Authorized Pick Up

Persons Authorized: \_\_\_\_\_

\_\_\_\_\_

Persons NOT authorized: \_\_\_\_\_

\_\_\_\_\_

### Agreements: Please initial next to each line indicating you've read and agree to everything

Nature's Schoolhouse Network, LLC agrees to notify the parent(s)/guardians(s) whenever the child becomes ill or injured. The parent(s)/Guardian(s) will arrange for the child to be picked up as soon as

\_\_\_\_\_ (initial) possible if so requested.

The parent(s)/guardian(s) authorize us to obtain immediate medical care if any emergency and the parent(s)/guardian(s) cannot be located immediately.

\*If there is an objection to seeking emergency medical care a statement should be obtained from the parent(s)/guardian(s) stating the reason for the objection.

\_\_\_\_\_ (initial)

The parent(s)/guardian(s) authorize Nature's Schoolhouse Network, LLC to take photographs and video of your child, which may be used in our Facebook group, website, and other promotional materials. If you do not want us to photograph or take video of your child, please provide a written request to the NSN staff before your student's attendance begins.

\_\_\_\_\_ (initial)

If attendance of Nature's Schoolhouse Network, LLC is to be altered/ ended, parents will notify NSN at least **three weeks in advance**. If you do not give proper notice, you will still be charged tuition for the remainder of the 3 weeks.

\_\_\_\_\_ (initial)

Parents agree to pay for the entire month's tuition on the first of the month every month in order to hold your child's spot. If not paid by the 5th, there will be a \$15 late fee. If not paid by the 15th, your child will be un-enrolled from the program.

\_\_\_\_\_ (initial)

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

