Program	Registration Form 2024-25
Schedule Opt Dragonflies & Dolphins: Mo Friday; Monday/Wednesday; Fridays Sea Turtles: Pick and choose Wednesday, F	ions: nday, Wednesday, Tuesday/ Thursday; be between Monday,
/	
date	
Student's Name	
Birthdate	Class applying for:
Gender	Schedule applying for:
	Health Details
Allergies and/or distant restrict	ions
Allergies and/or dietary restrict	10115.
	o be aware of (ex: life changes, social anxiety, diagnosis, etc
Medications, doses, schedule: Any other details you'd like us t	o be aware of (ex: life changes, social anxiety, diagnosis, etc. <b>Parent/ Guardian Details</b>
Any other details you'd like us t	Parent/ Guardian Details
Any other details you'd like us t 	Parent/ Guardian Details Phone #:
Any other details you'd like us t 	Parent/ Guardian Details Phone #:
Any other details you'd like us t Contact Name: Email: Address:	Parent/ Guardian Details Phone #:
Any other details you'd like us t Contact Name: Email: Address:	Parent/ Guardian Details Phone #:
Any other details you'd like us t Contact Name: Email:	Parent/ Guardian Details Phone #:
Any other details you'd like us t Contact Name: Email: Address: City:	Parent/ Guardian Details Phone #: Zip Code: Parent/ Guardian # 2 Details
Any other details you'd like us t Contact Name: Address: City: Contact Name:	Phone #:



	Emergency Contact	
itact Nam	e: Phone #:	
ail:		
	Authorized Pick Up	
rsons Auth	orized:	_
-sons N <u>OT</u>	authorized:	-
Agreeme	nts: Please initial next to each line indicating you've read and agree to everything	
(initial)	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 possible if so requested.	
(initial)	becomes ill or injured. The parent(s)/Guardian(s) will arrange for the child to be picked up as soon as possible if so requested. The parent(s)/guardian(s) authorize us to obtain immediate medical care if any emergency and the	
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