



Nature's Schoolhouse Network, LLC Registration Form

Student Name:		Day(s) planning to attend:	
Birthdate:	Gender:	Grade/ School history:	
Known Allergies (Please attach an action plan if applicable):			
Anything that you think would be helpful for us to know about your child (special interests, family events, life changes, social anxieties, etc.)			
Parent/Legal Guardian Information			
Parent/Legal Guardian Name:			
Address:			
Home Phone:		Email Address:	
Work Phone:		Cell Phone:	
Parent/Legal Guardian Name:			
Address:			
Home Phone:		Email Address:	
Work Phone:		Cell Phone:	
Emergency Contact Name:			
Address:			
Home Phone:		Email Address:	
Work Phone:		Cell Phone:	

Authorization to Pick Up:
Persons Authorized to Pick Up:
Persons <u>NOT</u> Authorized to Pick Up:

Agreements:

1. 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.
2. 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.*
3. 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.
4. If attendance of Nature’s Schoolhouse Network, LLC is to be altered/ ended, parents will notify NSN at least four weeks in advance.
5. Parents agree to pay for the entire month on the first of the 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.

Signatures: Parent(s)/Guardian(s) _____ Date _____