



Welcome to the Forest School. We are excited you are interested in attending this year's **Children of the Forest- August 2 -5th**. It looks to be an amazing week of learning and fun. The Forest School is a community of energetic, creative, fun, passionate, gentle, imaginative, motivated and peaceful individuals. We believe learning can be a wondrous adventure and invite you to come along.

At **Children of the Forest** participants will have fun exploring, playing, discovering and creating with and around the forest. It will be a chance to spend time building relationships with and respect for the Earth through activities that help children discover the magic and wonder of the natural world. Come prepared to get dirty.

To register, complete the **Application Form** as well as the **Health Form** and **Release of Liability**. Forward these, along with your registration to Sue Holloway, The Forest School, R.R. # 1, South Gillies, ON. P0T 2V0. Cheques can be made payable to **Element of Adventure**.

The cost is \$150.00 for non-members or \$135.00 for Forest School members. Once your registration has been received, you will be forwarded a welcoming package, which will include more of the details. *If notification of cancellation is received at least two weeks prior to the first day of class you will receive a 50% refund of your registration fee. **Registration will be non-refundable if cancellation is made within two weeks of the first day of class.***

Families are welcome to join their children and camp out on the property any time throughout the week. There are many trails to keep you exploring during the day, and volunteers would be welcomed and appreciated throughout Children of the Forest. There is also interest in carpooling, so if you are willing to have your contact information passed on for these purposes, please make that note on the Release Form.

We look forward to meeting you and your child. Please feel free to contact Sue Holloway at 807-473-4599 if you have any question or email [elementofadventure@yahoo.com](mailto:elementofadventure@yahoo.com).

Respectfully,

Sue Holloway

*"Education is not the filling of a pail, but the lighting of a fire." William Butler Yeates*

## The Forest School ~ Children of the Forest

August 2- August 5, 2011

### Application for Admission

Child's Name: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Parent/Guardian #1 Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

The Forest School welcomes all people. We do not discriminate on the basis of race, color, sexual orientation, gender, religion, disability, political affiliation, family structure, or national or ethnic origins.

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

\_\_\_\_\_  
*Date*

(Optional)

I hereby give my permission to the Forest School to photograph, audiotape or videotape my child and to use my child's image, spoken words, and/or student work for educational and promotional purposes. No expiry.

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

\_\_\_\_\_  
*Date*

The Forest School • R.R.#1 • South Gillies, ON • P.O.T 2V0 • 807-473-4599  
The Forest School Health Form – Children of the Forest -2011

Child's Full Name \_\_\_\_\_

Preferred First Name \_\_\_\_\_

Birth date \_\_\_\_\_

Gender \_\_\_\_\_

Parents/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_

Alternate Daytime Phone \_\_\_\_\_

Child's Physician's Name \_\_\_\_\_

Physician's Number \_\_\_\_\_

Child's OHIP Number \_\_\_\_\_

**General Health Information:** *Please check all that apply and give necessary details. Use the back if needed.*

- Activity Restrictions \_\_\_\_\_
- Allergies \_\_\_\_\_
- Asthma \_\_\_\_\_
- Dental (Braces/Retainer?) \_\_\_\_\_
- Diet Restrictions \_\_\_\_\_
- Seizures \_\_\_\_\_
- Vision (Glasses/contacts?) \_\_\_\_\_
- Other \_\_\_\_\_

Is your child currently taking any medication?  Yes  No

Please list medications and their intent. \_\_\_\_\_

If there is anything else you feel we should know concerning your child's health or mental or physical condition?

Please check the boxes below, which you agree to authorize. (Please keep a copy for your records).

I hereby give my permission to the representatives of the Forest School to administer over-the-counter medications or homeopathic remedies to my child, which I have indicated in the list below:

Tylenol     Ibuprophen     Rescue Remedy

I hereby give my permission to the representatives of the Forest School to administer prescriptions or medications, which I provide, and which must be kept on hand for the use of my child.

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

Date \_\_\_\_\_

*"Education is not the filling of a pail, but the lighting of a fire." William Butler Yeates*

## PARTICIPANT RELEASE OF LIABILITY

I affirm that the confidential medical information that has been provided is accurate and complete. I understand that failure to disclose this information could affect my own safety and those around me, and I agree to hold the Forest School harmless if full disclosure of a pre-existing medical condition has not been provided. In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization or other treatment, which may become necessary.

In all programs offered by the Forest School, reasonable care is taken to prevent serious injuries and to minimize accidents. I am aware that environmental awareness, survival, and tracking training, even under the safest of conditions, have inherent dangers. I hereby accept responsibility for and assume the risk of injury or damage to my child that might arise directly or indirectly as a result of participation in The Forest School. I hereby express release, discharge and hold harmless from any liability whatsoever, The Forest School and all employees and volunteers in their capacity as representatives of The Forest School.

\_\_\_\_\_  
Participant's Name (please print)

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

If applicant is under 18 years of age:

\_\_\_\_\_  
Name of Parent/Guardian (please print)

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

\_\_\_\_\_  
Date

---

I am interested in sharing my contact information for the purposes of car-pooling.  Yes  No