



Welcome to the Forest School. We are excited you are interested in attending this year's **Wee Ones In The Woods- June 21, 23 & 24th**! It looks to be an amazing week of wonder and discovery. 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 **Wee Ones In The Woods** parents can explore and discover the wonders of nature with their wee ones. We will go on a micro-world expedition, discover nature's windancers, create nature mobiles and much more. 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 \$45.00. 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.***

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.

Respectfully,

Sue Holloway

The Forest School – Wee Ones In The Woods

June 21, 23 & 24, 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

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

The Forest School • R.R.#1 • South Gillies, ON • P.O. Box 2Vo • 807-473-4599
The Forest School Health Form – Wee Ones In The Woods -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

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