



Forest School Registration Form Kindergarten Program

Name: _____
 Date of Birth: _____ Age: _____
 Health Card #: _____

Parents/Guardians: _____
 e-mail: _____
(Confirmation letters and upcoming program information sent via e-mail)

Name: _____
 Date of Birth: _____ Age: _____
 Health Card #: _____

Address: _____
 Postal Code: _____
 Telephone (W): _____ (H): _____
 Alternate Number: _____

Name: _____
 Date of Birth: _____ Age: _____
 Health Card #: _____

Emergency Contact Information
 Name/Relationship: _____
 Telephone: _____

Authorized Pick Up Person(s)

Name: _____ Telephone: _____ Relationship to Child: _____
 Name: _____ Telephone: _____ Relationship to Child: _____

Student Medical History – Please complete only if your child has a medical problem or allergy.

Physician's Name: _____ Telephone: _____
 Dentist's Name: _____ Telephone: _____

- Allergies (checklist)
- Food (ALGF) Carries Epipen (EPIP)
 - Drug (ALGD) Insect bite (ALGI)
 - Carries Asthma Inhaler

Please list specific allergies food/drugs/insects: _____

Please list type of reaction that occurs (i.e., rash, swelling, difficulty breathing, etc.): _____

Is the participant under any form of treatment/medication for any condition or injury?

No Yes, please explain: _____

- Other Health Concerns
- Food (ALGF) Carries Epipen (EPIP)
 - Diabetic (DIBT) Epilepsy/Convulsions (EPLC)
 - Emotional/Behavioural (EMOB) Asthma (ASTH)
 - Injury (INJR) Other (MEDO), please explain: _____

Forest School Kindergarten Sessions			
Program Session	Date/Time	Child Name(s)	Fee
Forest School Kindergarten Monday Spring Session: \$282.50 (incl. HST)	Mondays 9 a.m.–12 p.m. (age 3–6) April 1–June 17 (no class April 22 or May 20)		
Forest School Kindergarten Wednesday Spring Session: \$339.00 (incl. HST)	Wednesday 9 a.m.–12 p.m. (age 3–6) April 3–June 19		
Forest School Kindergarten Monday & Wednesday Spring Session: \$621.50 (incl. HST)	Mondays & Wednesdays 9 a.m.–12 p.m. (age 4–6) April 1–June 19 (no class April 22 or May 20)		
TOTAL			

**We will try to accommodate your preferred date for the one morning per week option*

Payment

- Cash enclosed: \$ _____
- Cheque enclosed for: \$ (Payable to Rideau Valley Conservation Authority) Cheque #: _____
- VISA MasterCard # _____ Exp. Date: _____ CVC: _____
- Receipt Required

Refund Policy: \$25 fee up to one week before session starts. No refunds less than seven days prior to start of session.

Assumption of Risks and Informed consent/waiver of claims

- I grant permission for images of the participant(s), captured during regular RVCA activities through video, photo and digital camera, to be used solely for the purposes of the RVCA's promotional material and publications, including posting on social media (including but not limited to: Facebook, Twitter, YouTube), and do hereby waive any rights of compensation or ownership.
- I understand that participation in outdoor activities may involve risks and natural hazards including, but not limited to: trails and routes, rough or unstable surfaces; areas with fallen timber, shrubbery, branches, rocks, roots or other obstacles, activity near streams, rivers and lakes; proximity to domestic and wild animals, changes or variations in the terrain; motor vehicles and natural or man-made objects; weather conditions; miscellaneous health problems related to the sun, insect bites, fatigue, stress, dehydration and exertion.
- I am aware of the risks, dangers and hazards associated with participation in outdoor activities and I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss resulting therefrom. I also release from the Rideau Valley Conservation Authority of any claim whatsoever, and all liability for any loss, damage, expense or injury, including death, that I may suffer or my next of kin may suffer or my child may suffer, as a result of my participation in outdoor activities. Permission is hereby granted to the Rideau Valley Conservation Authority and its representative to transport participant (s) to a local doctor or hospital for medical treatment if necessary.
- I confirm that I have read the Foley Mountain Forest School Handbook and understand the types of activities involved and the risks associated with those activities.

Signature of Parent/Guardian: _____ Date: _____

Staff Use Only – check appropriate information	
<p>Payment Information</p> <p><input type="checkbox"/> Credit card/cheque information submitted to finance Date: _____</p> <p><input type="checkbox"/> Cash deposited in <input type="checkbox"/>bank or <input type="checkbox"/>cash box Date: _____</p> <p><input type="checkbox"/> Receipt requested from finance Date: _____</p> <p>Registration Information</p> <p><input type="checkbox"/> Received Immunization Records or Affidavit Date: _____</p> <p><input type="checkbox"/> Received Prescription Medication Form Date: _____</p>	<p>Communications</p> <p><input type="checkbox"/> Parent Handbook sent to parent/guardian Date: _____</p> <p><input type="checkbox"/> Confirmation of registration sent to parent/guardian Date: _____</p>



Forest School Registration Form

Kindergarten Program

Registration Package Checklist

We're so excited to have your little ones join us at Forest School!

The following items need to be completed and included for full registration in the Foley Mountain Forest School Kindergarten Program:

- Read and understand the Foley Mountain Forest School Parent Handbook
- Fill-in and complete all sections of the Registration Form, as well as read and sign for the Assumption of Risks and Informed Consent
- Provide and include a copy of child's Immunization Records OR complete the 'Statement of Conscience of Religious Belief' Affidavit
- Complete the 'Prescription Medication Form' if needed

All of these forms are available on our website at www.rvca.ca/foley-forest-school

Once you have completed all items on this checklist, send completed registration packages by email to: Rebecca Whitman at rebecca.whitman@rvca.ca, or by mail to:

Foley Mountain Conservation Area
P.O. Box 244
Westport ON
K0G 1X0