

# SCHOOLHOUSE OF WONDER

Outdoor School ~ Spring 2010

- Durham Red Tail Clan, ages 14-17, Mondays, April 12 - May 31, 2010**
- Durham Turtle Clan, ages 6-9, Mondays, April 12 – May 31, 2010**
- Raleigh Clan, ages 7-11, Tuesdays, April 13 – June 1, 2010**
- Durham Coyote Clan, ages 10-13, Wednesdays, April 14 – June 2, 2010**

Student's Name \_\_\_\_\_

Male  Female  Birth Date \_\_\_\_\_ Age on arrival \_\_\_\_\_

Home Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell/Other \_\_\_\_\_ Email address \_\_\_\_\_

**To save paper and postage we will send information to you by Email unless you specify here that you require information by regular postal delivery. USPS to home address? \_\_\_\_\_**

Other Parent/Guardian Name \_\_\_\_\_

Relationship \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell/Other \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell/Other \_\_\_\_\_

Please tell us of any physical, medical, or emotional conditions your child might have that will require our special attention. Please specify particular challenges and associated medications or special needs, if any.

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How did you hear about us?

CONTRACTUAL ARRANGEMENT BETWEEN  
**SCHOOLHOUSE OF WONDER AND THE STUDENT'S FAMILY**

**Costs:** Outdoor School costs \$300.00 for eight sessions. I understand that due to monetary commitments to staff, materials, supplies, and equipment, tuition must be paid in full before the first day of the session. Tuition refunds minus an administrative fee of \$25 may be available prior to the start of the program, if a replacement can be found for the space. No refunds will be made after March 26, 2010. A sibling discount of \$15 will be allowed for siblings who are registered at the same time for Spring Programs.

**I understand that the Outdoor School day runs from 9AM – 4PM .  
Please plan to drop-off and pick-up your child at these times.**

My child has my permission to enter into all Outdoor School activities. Schoolhouse of Wonder has been given all necessary medical and behavioral information about my child's health and well being.

**Authorization for Emergency Medical Care:**

Should an accident or emergency occur that requires my child to receive medical care, I hereby give permission to the physician selected by Schoolhouse of Wonder staff to hospitalize and/or secure proper treatment for my child, except as noted below. I agree to be liable for these noted exceptions.

Exceptions to Treatment/Hospitalization:

**Insurance Information:**

Policy Holder's Name \_\_\_\_\_

Policy Number \_\_\_\_\_ Insurance Company \_\_\_\_\_

May Schoolhouse of Wonder have permission to use your child's picture in promotional materials?  
Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



**Schoolhouse of Wonder**  
**5101-B N. Roxboro Road**  
**Durham, NC 27704-1419**

(919) 477-2116

[schoolhouse@schoolhouseofwonder.org](mailto:schoolhouse@schoolhouseofwonder.org)

<http://www.schoolhouseofwonder.org/>

**T-Shirts**

Purchase a Schoolhouse of Wonder t-shirt for yourself or your child for \$10.  
Circle size:

Child    S    M    L

Adult    S    M    L    XL

Check if you would like a t-shirt.

How many? \_\_\_\_\_

Total added to registration fee  
\$ \_\_\_\_\_