

SCHOOLHOUSE OF WONDER

Outdoor School ~ Spring Session 2008

- Redtail Clan, ages 12-16 ~ Mondays: April 7, 14, 21, 28, May 5, 12, 19, 26 & June 2, 9.**
- Turtle Clan, ages 7-11 ~ Tuesdays: April 8, 15, 22, 29, May 6, 13, 20, 27 & June 3, 10.**

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 _____

Other Parent/Guardian Name _____

Relationship _____

Telephone Numbers: Home _____

Work _____

Cell/Other _____

Email address _____

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.

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

Costs: Outdoor School costs \$360 for ten 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.

I understand that the Outdoor School day runs from 9AM – 4PM at West Point on the Eno City Park. Please plan to drop-off and pick-up your child at these times at the main park picnic shelter.

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

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