

## 2018 Spring/ Summer Urban Farm & Forest School of Spryfield Registration Form

If you need assistance with this form or have any questions regarding the information requested, please do not hesitate in contacting us at [forestschooolsally@gmail.com](mailto:forestschooolsally@gmail.com) or leave a message on 902 225 6606.

**Deadline for Spring bookings: Feb 2<sup>nd</sup>.**

**Deadline for summer bookings: March 2nd**

Spaces are limited per session and so registration forms are accepted on a first come first served basis.

### Instructions for registering your child

1. Please complete this form CLEARLY. **If booking for more than one child, please complete a second Registration Form.**
  2. Scan document and then
  3. Email the completed form back to [forestschooolsally@gmail.com](mailto:forestschooolsally@gmail.com)
  4. Please complete the payment form and return with the Registration Form.
- Alternatively, please mail to: 211-339 Herring Cove Rd. Halifax. B3R 1V5.  
Please note that we are unable to accept completed forms at the farm.

<input type="checkbox"/> <b>Spring 2018</b>	<b>Tuesdays 3-5.30pm (Ages 5-7)</b>	May 1, 8, 15, 22, 29    June 5, 12, 19, 26
<input type="checkbox"/> <b>Spring 2018</b>	<b>Thursday mornings 9am-12 (ages 3*-5)</b>	May 3, 10, 17, 24, 31    June 7, 14, 21, 28
<input type="checkbox"/> <b>Spring 2018</b>	<b>Thursdays 3-5.30pm (Ages 5-10)</b>	May 3, 10, 17, 24, 31    June 7, 14, 21, 28
<input type="checkbox"/> <b>Summer 2018</b>	<b>Monday – Friday. 9-3pm (Ages 4/5-10)</b>	July 30 - Aug 3

\* There are a limited number of spaces for aged 3 and ALL children must be fully toilet trained

### Participant Information

First Name	Last Name	Nickname	
Date of Birth (day/month/year)	Age (as of Sept 1)	Gender	
Are you registering additional siblings for the same program?			
If yes, please complete a second form and list your sibling here			
Which school does your child attend?			

Primary Parent/Guardian Information	Relationship to child	
First Name	Last Name	
Street Address		
City	Postcode	
Phone Number 1	Phone Number 2	
Email		
Occupation (optional)		
Will you be picking up the participant?    Y/ N	Are you the primary emergency contact for this participant?    Y/ N	

Secondary Parent/Guardian Information	Relationship to child	
First Name	Last Name	
Street Address		
City	Postal code	
Phone Number 1	Phone Number 2	
Email		
Occupation (optional)		
Will you be picking up the participant?    Y/ N	Are you the primary emergency contact for this participant?    Y/ N	

Please provide additional designates only if parent/guardian contacts will not be picking up the participant.

### Additional Designated Child Release

Additional Designate 1:			
First Name	Last Name	Relationship to Child	
1 <sup>st</sup> phone number	2 <sup>nd</sup> phone number		
Additional Designate 2:			
First Name	Last Name	Relationship to Child	
1 <sup>st</sup> phone number	2 <sup>nd</sup> phone number		

Please provide additional emergency contacts only if parent/guardian contacts are not emergency contacts.

**Additional Emergency Contacts**

**Additional Emergency Contact 1:**

First Name		Last Name		Relationship to Child
1 <sup>st</sup> phone number		2 <sup>nd</sup> phone number		

**Additional Emergency Contact 2:**

First Name		Last Name		Relationship to Child
1 <sup>st</sup> phone number		2 <sup>nd</sup> phone number		

Participants Name (First name / Surname).....

**Participant Information**

It is important that staff and volunteers know a little about your child to ensure that they gain the most from their time in this program. All of the information provided will be kept in the strictest confidence.

**Medical Information**

In order to ensure safety of all participants and leaders, please provide any **significant medical information** about your child. This includes information about known serious allergies, medical conditions, medications, and other physical, behavioural, or mental health information.

If more space is needed, please include short description here and send more details to [forestschooolsally@gmail.com](mailto:forestschooolsally@gmail.com)

Day care or school attended

Will the child have friends attending the session?

If so, please provide names

Please list what you hope your child will gain from participating in this program

What are your child's favourite activities?

How often does your child spend in nature or outdoor play?

What can be **challenging** for you regarding your child's personality?

What is **pleasurable** and/or easy for you regarding your child's personality?

What fears might your child have about nature? (bugs, height, water etc)

The Forest School is located on public lands used by dog walkers. Would this pose a concern for your child?

Does your child have a difficult time separating from you and is this a concern for you?

How do you feel about your child using the bathroom in mother nature?

Other details you would like to share about your child, or think we should know

## 2018 Urban Farm and Forest School of Spryfield Liabilities Waiver & Contract

An actual physical copy of this form that has been initialled in ink in the right hand column and signed in ink at the bottom is necessary for a child's participation in the Urban Farm and Forest School of Spryfield (UFFSS). Without a copy of this hand initialled and signed form, we cannot assume responsibility for any participant as we cannot verify the identity of the signatory. A printed and scanned copy of this page be emailed to [forestschooolsally@gmail.com](mailto:forestschooolsally@gmail.com)

Urban Farm and Forest School of Spryfield - Liabilities Waiver	Initial Column
I grant permission for (printed full name of participant) _____ to participate in all planned activities for the duration of the program he/she is attending on (dates).....	
I grant the Urban Farm Museum Society of Spryfield permission to use and publish in print or digitally, any photographs or videos taken during the sessions for promotional and educational purposes. I hereby release the Urban Farm Museum Society of Spryfield from any and all liability from such use and publication.	
I have read and understood the information contained in the Urban Farm and Forest School of Spryfield Parent Handbook	
I understand that participation in activities can expose the named participant to risk and possible injuries. I understand that there is a qualified certified First Aider on site and grant permission for them to treat the above named participant in the event of an injury.	
I understand that by initialling and signing this document I hereby release t Urban Farm Museum Society of Spryfield from any and all liability associated with the program my child is attending.	
I recognize that the Urban Farm Museum Society of Spryfield reserves the right to postpone or cancel programs/sessions due to unsafe weather conditions or other unforeseen circumstances. Where possible the Urban Farm Museum Society of Spryfield will attempt to reschedule, but this may not always be possible. I will not hold the Urban Farm and Museum Society of Spryfield liable for loss of fees or programs.	
All tools and materials will be provided by the Urban Farm Museum Society of Spryfield. Participants are discouraged from bringing additional items to sessions as they may be lost or stolen. I will not hold the Urban Farm and Forest School of Spryfield responsible for any lost or stolen items.	
I have provided the Urban Farm Museum Society of Spryfield with all significant medical information and will ensure that the participant's important medications are provided, location identified, and on-site with them during all the Urban Farm and Forest School of Spryfield sessions.	
I understand that it is my responsibility to ensure that the named participant is dressed properly for weather conditions as this is a program based outside in natural settings. I understand that the participant may not be admitted to a session if they are not clothed properly for the conditions and I will not hold the Urban Farm Museum Society of Spryfield responsible.	
I understand that the Urban Farm Museum Society of Spryfield reserves the right to deny access to a participant who is disruptive or behaves in such a way as to affect the safety of the group. In the event that: <ul style="list-style-type: none"> <li>• the participant's behaviour is felt to be unsafe or unmanageable</li> <li>• if an illness or injury should arise in which a doctor's diagnosis is required</li> <li>• unsafe weather conditions develop</li> <li>• other unsafe conditions develop that require participant's removal from program</li> </ul> I authorize the Urban Farm Museum Society of Spryfield to dismiss my child early, in which case I will assume responsibility for transporting my child from the program at a time specified.	
Pre-school only: I understand that participation in this program requires that my child be <b>fully toilet trained</b> and understand that the Urban Farm Museum Society of Spryfield may withdraw my child from the program if the information provided, is false.	
CANCELLATION POLICY. I agree and agree to abide with the cancellation policy that the Urban Farm Museum Society of Spryfield will not process any payment until a place is confirmed and that I forfeit any monies paid, if I voluntarily remove my child from the program.	
I acknowledge that I have read and fully understand this agreement, and accept the risks involved with the above named participant's engagement in these activities with the Urban Farm Museum Society of Spryfield	
Signature	Date
Print Name	