



**CHAVITOS NATURE SCHOOL'S FOREST KINDERGARTEN
APPLICATION FOR ENROLLMENT 2017-2018**

**Return to 817 S. Washington Street, Tacoma 98405.
Include a \$50 nonrefundable application fee.
Make checks out to Meag Diamond.**

Child's name _____ **Date of Birth** _____ **Age:** _____

Parent 1 name _____

Home address _____

Cell number _____ **Email address** _____

Parent 2 name _____

Home address _____

Cell number _____ **Email address** _____

If either parent cannot be reached, the following person(s) are authorized to be contacted in case of illness, accident or emergency:

<u>Name(s)</u>	<u>Relationship</u>	<u>Cell Phone</u>
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MEDIA CONSENT

Do you grant permission to publish the likeness or image of your child for Chavitos Nature Schools's general promotion? Y/N

Do you grant permission to share the likeness or image of your child on a private viewing site such as Facebook? Y/N

Liability Waiver: I understand that this school operates entirely outdoors and that there are risks which naturally occur whenever children are playing outside. I release Meagan Diamond and Jose Estrada, Chavitos Nature School and its teachers, from any liability for injuries that might occur as a result of my child attending Chavitos Nature School. My child is in good physical health and I will provide appropriate clothing for the weather.

Parent/Legal Guardian signature and date:

**Chavitos Nature School's
Emergency and Health Info**

CONSENT TO TREAT A MINOR

_____ In the event of a medical emergency related to the minor child listed below, I hereby request Chavitos Nature School to contact me at the telephone number(s) listed below. In the event I, or my partner, are unavailable, I hereby give my written consent to Chavitos Nature School, or any other hospital, to authorize all professional emergency personnel to attend, transport, and treat the minor and to provide consent for medically appropriate treatment including but not limited to: X-ray, anesthetic, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, hospital, or other medical professional. I agree to assume financial responsibility for all expenses of such care. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians concurring on the necessity of such surgery are obtained prior to the performance of such surgery.

Allergies to Medication(s): _____

Seasonal : _____

Food Allergies: _____

Medications Being Take: _____

Name and phone number of family physician:

Parent or Legal Guardian: _____ **Relationship:** _____

(Note: Only parents or a legal guardian can authorize emergency medical treatment.)

_____ I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish Chavitos Nature School authorities to take no action and contact guardian directly

Parent or Legal Guardian: _____ **Relationship:** _____

HEALTH INFORMATION

I give consent for my child to receive the following: Please state medication(s), dosage and interval: