



Tue/Thurs _____
Mon/Wed/Fri _____
Mon-Fri _____

Dancing Sol

Nature Education and Early Childhood Program
896 Sundance Street, Eugene, OR 97405
541-357-9559
www.dancingsol.com

Application for Enrollment 2011-2012

Student Information:

Child's Name: _____ Age: _____ Date of Birth: ____/____/____

Permanent Address: _____ Phone: _____

Parent/Guardian Information:

Parent/Guardian #1

Name: _____ email: _____

Address: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Parent/Guardian #2

Name: _____ email: _____

Address: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Alternative/Emergency Contacts:

Other persons to whom the child can be released:

Name: _____ Relationship: _____ Phone: (____) _____

Name: _____ Relationship: _____ Phone: (____) _____

Name: _____ Relationship: _____ Phone: (____) _____

Name: _____ Relationship: _____ Phone: (____) _____

Medical Information:

Child's Physician: _____ Phone: (____) _____

Child's Dentist: _____ Phone: (____) _____

Does your child have any medical conditions or allergies? (please describe) _____

*Please Note: If you child needs to take medication during school hours, you are required to complete the medication authorization form in your application packet. Refer to medication policies in your handbook.

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RELEASE, INDEMNIFICATION AND WAIVER FORM

PHOTO RELEASE:

By signing at the bottom of this form I hereby grant free permission for Dancing Sol to use images of my child participating in their programs or events for outreach purposes, including but not limited to electronic or print materials or media. No, I do not wish to grant a photo release. (Please consider granting this release to us if at all possible, so that we can successfully share our programs with new participants.)

FIELD TRIPS:

I understand that part of my child's education each day will occur outdoors in the public land owned by the City of Eugene (we call it the 'Wee Wilderness'). I grant permission for my child to engage in these daily field trips. These daily trips will not require any transportation. I understand that when Dancing Sol Nature Education Program schedules special field trips outside of these daily walks, that I will be notified in advance and will choose to grant specific permission for these special events.

LIABILITY:

I, the undersigned, hereby acknowledge that I have been advised and fully understand that certain elements of danger are inherent in the activities of Dancing Sol Nature Education and Early Childhood Program which are beyond the control of the instructors and students, and that participation by my child in any program activities may entail unavoidable risk of personal injury, death, and loss of or damage to property. These risks include, but are not limited to insect and animal bites and stings, forces of nature such as but not limited to lightning and unexpected extreme weather conditions, and any hazard present in the wilderness, such as but not limited to low lying branches, sharp objects, and slippery surfaces.

I hereby assume all risks of injury and death to my child and loss of or damage to property arising out of my child's participation in such activity and I agree to indemnify, hold harmless Matty & Rees Maxwell and Dancing Sol, its officers, instructors, agents, and employees from and against all claims arising from any occurrence causing damage or injury to my child or to any party participating in said event or any third parties injured as a result of my child's actions. I further agree to repair or reimburse Dancing Sol for any and all damages that my child causes to Dancing Sol property or the property at which a specific activity is held.

MEDICAL RELEASE

In the event that my child requires medical attention while participating in this program, I hereby grant permission to call an ambulance, or take my child to any available physician or hospital at my expense to obtain diagnostic procedures, surgical and medical treatment, by authorized medical staff or their designees, as may in their professional judgment be necessary. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible. I acknowledge that I am responsible for all reasonable expenses in connection with care and treatment rendered during this period.

MEDICATION

My child may be given non-prescription medication as indicated on the container. This may include sunscreen, children's pain reliever, antibacterial first aid cream, and diapering ointment. I will provide any needed medication, and will label it with my child's name. Syrup of ipecac may be administered if deemed necessary by the poison control operator. I will be contacted, prior to the administering of non-prescription pain relievers. Prescription medications will be current and I will provide a permission slip for each medication.

I have read and understand the terms and conditions of this Release, Indemnification, and Waiver and I agree to subscribe to them.

Parent/Guardian Signature: _____ **Dated:** _____
Printed Name of Parent/Guardian: _____

Please help us get to know your child better:

Names of siblings who share the same home: _____

Favorite things to play with: _____

Special interests: _____

Least favorite foods: _____

Fears: _____

What comforts your child: _____

These are circumstances in my child's life that you should know about: _____

Parent concerns:

Are there any aspects of your child's development that you have questions or concerns about?

	Yes, questions/concerns	No concerns
Physical skills	<input type="checkbox"/>	<input type="checkbox"/>
Social skills	<input type="checkbox"/>	<input type="checkbox"/>
Thinking and problem solving	<input type="checkbox"/>	<input type="checkbox"/>
Self-care and self-regulation	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>
Behavior	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>
Vision	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Would you like support with strategies for guidance and discipline? _____

Do you need support for anything else? _____

For office use only: ____ Deposit ____ Immunization form ____ Contract ____ Medication Permission ____ Policies/Procedures
