

VIOLET GLEN Fall Programming 2021-2022

Child's Name:

Birthdate:

Parent or Guardian Name/Address/Phone Number/Email address:

Dietary/Food Restrictions:

Allergies:

Prescription Medicines Needed:

Day/days your child will be attending: (Please note that age cut-offs are not set in stone. It is important to look at each individual child and decide placement based on best fit, regardless of specific age.)

Early Childhood (ages 3 - 6), prefer a minimum of 2 days:

Monday (9:30 - 12:30) _____

Tuesday (9:30 - 12:30) _____

Thursday (9:30 - 12:30) _____

Early School Age (ages 7 - 10):

Monday (1:00 - 3:00) _____

Wednesday (10:00 - 2:00) _____

**** Willing to be flexible with this schedule based on needs of the group (offer feedback below)**

Adolescent (ages 11- 14):

Please fill in your possible schedule options and preferences...

Please indicate any other programming ideas you would be interested in for your children.

What intention do you have for your child in joining this program?

Any information about your child you feel it would be important for me to know:

Do you give permission for your child to use tools such as hammers, saws, and whittling knives under the guidance of an adult?

Do you give permission for your children to climb trees to a height between 5 and 6 feet?

We may find plants or berries that are edible to eat. Are you okay with your child trying these in small quantities during the week?

Do you give permission for your child to interact with the animals (dog, cats, bunny, and chickens) on the property?

Do you give permission for your child to be photographed throughout the week to use in future promotional material for programming?

Are there special skills or knowledge that you have as parent or guardian that you would like to share with the program?

Emergency Contact and Phone Number:

- 1.
- 2.

Health Insurance:

Policy Holder:

Policy ID:

Signature of parent or guardian: _____

Date: _____