



Raven's Wood Field School

2019 Wilderness Camp Registration Form

Please complete and send with a \$100 nonrefundable deposit to:

Raven's Wood School
1046 Poor Farm Road
Thetford Center, VT 05075

Email: ravenswoodschoolvt@gmail.com

Phone: (802) 785-4459

Date: _____

Child's Name: _____

Birth Date: _____ Male / Female Age: _____

Grade: _____ School: _____

Parent(s)/Guardian(s) name(s): _____

Married__ Divorced__ Single__ Guardian__

Mailing Address: _____

City: _____ Zip: _____

Day phone: _____ Evening phone: _____

Email address #1: _____ #2 _____

Names of others authorized to pick up your child, and phone numbers:

Name: _____ Phone: _____

Name: _____ Phone: _____

Parent/Guardian Signature _____ Date _____

Emergency Contact Information

List 2 local contacts who can be reached in case of an emergency if parents are unable to be reached.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Application Form – Part II

Medical Information

Health/Emotional Issues _____

Allergies _____

Medications _____

Physician _____ Phone _____

Dentist _____ Phone _____

Permissions: Please check the boxes for which you give permission.

I give permission to Raven’s Wood School to treat my child medically in the event I cannot be reached.

I give permission for photographs and/or videos to be taken of my child as part of the program for newsletters, the School website, your child’s portfolio, the media or any other positive and wholesome portrayal of our program to the public.

I understand some of the programs are off school grounds and give my permission for my child to leave school grounds and walk to the Hughes Land for hikes. The trailhead is ½ mile from the School, on a dirt road.

I give my permission to Raven’s Wood Staff to apply bug repellent and sunscreen as necessary to your child, either provided by you, or by us.

I give my permission for Raven’s Wood Staff to administer prescription medicine that you provide if your child needs it. A full description of that medication must be provided if this is necessary.

Please sign below:

Signature of Parent/Guardian _____

Date _____

Application Form – Part III

Choose Your Session

All Full-Week Wilderness Camp Programs run 8:00am-4:00pm daily and cost \$250/wk/child.

A \$100 non-refundable deposit is due with this registration form.

___ **Camp Week 1, February 18-22, 2019**

Payment: ___ Deposit \$100, with remaining \$150 due Feb. 1, 2019

OR ___ Full-tuition, \$250/wk/child

(2nd or 3rd child in the same family: \$200/wk/child)

___ **Camp Week 2, April 15-19, 2019**

Payment: ___ Deposit \$100, with remaining \$150 due April 1, 2019

OR ___ Full-tuition, \$250/wk/child

(2nd or 3rd child in the same family: \$200/wk/child)

___ **Camp Week 3, June 17-21, 2019**

Payment: ___ Deposit \$100, with remaining due June 1, 2019

OR ___ Full-tuition, \$250/wk/child

(2nd or 3rd child in the same family: \$200/wk/child)

Total Enclosed: \$_____

Raven's Wood outdoor School for Renegades provides educational opportunities without regard to race, color, national origin, sex, disability, religion, sexual orientation, gender identity, marital/civil union status, or any other characteristic protected by Federal or State law.

Raven's Wood Outdoor School for Renegades

Required Fields

Emergency & Health Information

Program Dates: _____

Child Name: _____ Age: _____ Grade: _____ Gender: _____ Date of Birth: _____

Parent/Guardian: _____

Local Address: _____

Phone 1: _____ Phone 2: _____ Phone 3: _____
During program hours alternate alternate

HEALTH INFORMATION

Date of last immunization for **tetanus** _____ Is your child **allergic to bee stings**? Yes No
 Never been stung

I give consent for my child to receive the following as needed (please circle): Ibuprofen
Acetaminophen Insect repellent

If your child is currently taking **medication**, do you request and grant permission to administer it? YES NO
Please state medication(s), dosage and interval. PLEASE BE CLEAR AND SPECIFIC:

Please specify any **concerns or special needs** for your child. We would like to know how best to provide support, including how to relate with him/her, and what accommodations, if any, will be needed. Please attach special care plans and indicate if a staff member or other adult is needed to regularly assist your child during camp. **Check all that apply:**

Allergies Dietary Restrictions Physical Limitations Behavioral Concerns Aide Required Other

IN CASE OF AN EMERGENCY

Name of Child's Physician: _____ Phone: _____

Name of Child's Dentist: _____ Phone: _____

Insurance Provider: _____ Account #: _____

Name of Primary Account Holder: _____

If a parent/guardian cannot be contacted in an emergency, please contact:

Name: _____ Relationship: _____

Phone (during program hours): _____ Phone (alternative): _____

In the event that your child experiences an allergic reaction, do you grant permission to administer **Benadryl** to your child?
If applicable, I also grant permission to administer the **EPI-PEN** that I have provided. YES NO

I hereby authorize any additional medical treatment deemed necessary in the event of emergency or injury:

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

Raven's Wood School * 1046 Poor Farm Rd. * Thetford Center, VT 05075
ravenswoodschoolvt@gmail.com (802) 785-4459
www.ravenswoodindependentschool.org

Child's Name: _____

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PROGRAM LOGISTICS

Do you grant permission to publish in print, electronic, or video format, the likeness or **image of your child** for the general promotion of Raven's Wood School and its programs? YES NO

ROAD SAFETY

I hereby agree to the following guidelines and will communicate them to relatives or friends should they drop-off or pick up my child(ren) for this program.

- 1) Poor Farm Rd is a narrow, dirt road. The general speed limit is 25-30 mph, and reduced speeds are expected near corners and small hills. It is important to stay to the right when approaching the hills or corners, and to pass by other cars slowly.
- 2) Parking and drop off is allowed at the bottom of the main driveway, but not at the top parking lot by the large log home.

ACKNOWLEDGED: Please Initial

CONSENT AND INDEMNIFICATION

I hereby agree to indemnify, defend and hold harmless Raven's Wood Outdoor School for Renegades, Inc., DBA Raven's Wood School, from any and all liability, costs and expenses on account of personal injury or property damage arising from my child's participation in Raven's Wood School programs.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

Please return this form as soon as possible:

Raven's Wood Outdoor School for Renegades
1046 Poor Farm Road South
Thetford Center, VT 05075