



Naturally Nurtured Nature School
Forest School Registration Form
2021-2022 School Year

INFORMATION

Child's Full Name: _____

Name preferred to be called: _____

Birth Date: _____ Place of Birth: _____

Home Address: _____

PARENTS/GUARDIANS

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Occupation: _____ Occupation: _____

Work Phone: _____ Work Phone: _____

Cell phone: _____ Cell Phone: _____

7440 Thomaston Rd - Macon GA 31220 - (478)538-3216

www.NaturallyNurturedNature.com

EMERGENCY CONTACT

Contact #1

Contact #2

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Best Phone: _____ Best Phone: _____

NAMES OF PEOPLE AUTHORIZED to pick up your student (other than Parents)

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone: _____ Phone: _____

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone: _____ Phone: _____

CHILD'S DEVELOPMENT Please list any information that the would help the staff understand your child better (Personality traits, fears,)

Please list everyone who lives in your home, including pets:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

MEDICAL INFORMATION

Doctor: _____ Phone: _____

Please list all medical concerns that the staff should be aware of:

In the event of a serious medical emergency, I authorize Naturally Nurtured Nature School, LLC, its employees, and/or other agents to secure medical transportation or care for my child. I understand that the school will attempt to contact one of the individuals I have designated as an emergency contact if I can not be reached. I authorize the School to release the information on this form to health care providers for the purpose of securing health care services for my child. I understand and agree that I am responsible for all expenses, fees, or costs incurred as a result of the medical transportation or care secured for my child by the School. I understand and agree that the School is not liable for any injury or damages that may occur as a result of medical treatment that my child may receive. In the event of an emergency and professional medical help is needed, I authorize Naturally Nurtured Nature School to call 911 and have my child transported to (your preferred medical facility or hospital)_____ .

(Circle the program and/or day you are enrolling)

Drop-In Days	3 year old program	4 Year old Program	5-6 year Kindergarten
M/Tu/W/Th/F	Tu/Th (<u>2 days</u>)	M/W/F (<u>3 days</u>)	M-F (<u>5 days</u>)
M & F 9:00a-3:00p	9:00a-1:00p or	9:00a-3:00p	9:00a-5:00p
Tu/W/Th 9:00a-5:00p	9:00a-3:00p		

Before & Afterschool program available for additional fee

I wish to enroll my child _____

in Naturally Nurtured Nature Forest School for the 2020-2021 school year.

Date: _____

Parent/Guardian's signature: _____

