



Enrollment Contract

It is my/our desire to have my/our child/children enrolled in the Nature School program at Fern Flower - Nature School.

I/we have received a copy of the Fern Flower - Nature School policy handbook. I/we have read, understand and agree to abide by the policies contained therein. I/we also understand that my/our child is being accepted on a two-week trial basis. During this time, the staff will make observations and evaluations about the child's ability to adapt to the Nature School surroundings. Unless otherwise notified, the child/children will be accepted and permanently enrolled. I/we further understand that if the policies outlined in this handbook were not adhered to, it would be sufficient cause for the removal of the child/children from the Nature School program.

I/we also agree to give a minimum of two weeks' written notice (ten full Nature School days) of my/our intent to withdraw my/our child/children from the Nature School program. If two weeks' notice is not given, I/we agree to make full tuition payment for the final two weeks. Unpaid vacation/sick days cannot be applied to the final two-week period.

Please initial next to each item. We want to be sure you understand and agree to these policies.

_____	I/we understand that I/we must provide a completed medical form(IMMUNIZATION) for the Nature School.
_____	I/we understand that I/we must fill up the Registered Participant Information Form at the Nature School.
_____	I/we understand there will be charges during school weeks even if there is a snow day or late start or early dismissal.
_____	I/we understand Nature School payment is due on the first of each month. Late fees are \$50.00 PER DAY
_____	I/we have contracted for the hours of _____ to _____. These days: _____.
_____	I/we understand the pickup policy for other than a parental pick-up. If a parent is late to pick the child up \$25.00 and an additional \$5.00 per minute will be applied as a fee.



Fern Flower - Nature School
 Location: 3827 Charlton Dr, Qualicum Beach, BC V9K1Z3
 Phone Number: 250-299-2054
 E-mail: fernfloweratureschool@gmail.com

_____	I/we understand that I/we filled up the Photo & Video Consent Form for the Nature School.
_____	I/We have read, understood, and will follow the Parent Handbook for Fern Flower - Nature School.
_____	I/we understand the illness policy.
_____	I/we understand the meal policy. I/we will be providing the child with food for every session.
_____	I/we are contracting for year-round arrangements.
_____	I/we understood the clothing and appearance policy.
_____	I/we understood that the child MUST be potty trained.
_____	I/we understand the behaviour policy and I/we have read and shared the Nature School rules with my/our child/children.
_____	I/we understood and signed the Assumption of Risk-Informed Consent Form.
_____	I/we agree to pay the last one (1) month's tuition before terminating the Nature School.

Name of the Child: _____

Program: _____

Fern Flower Nature School: _____

Date: _____

Parent: _____

Date: _____