



Naturally Nurtured Nature School
Forest School Registration Form
2022-2023 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: _____

Email: _____ Email: _____

Cell phone: _____ Cell Phone: _____

Forest Kindergarten and Pre-Kindergarten

(Circle the program days and time you are enrolling. Suggestions only, custom days are available)

Drop-In Days	2 day program	3 day program	4 day program	5 day program
M/Tu/W/Th/F	M/Tu/W/Th/F	M/Tu/W/Th/F	M/Tu/W/Th/F	M/Tu/W/Th/F
9:00a-1:00p	9:00a-1:00p	9:00a-1:00p	9:00a-1:00p	9:00a-1:00p
9:00a-3:00p	9:00a-3:00p	9:00a-3:00p	9:00a-3:00p	9:00a-3:00p

Days & times preferred, if not listed above _____

Before & Afterschool program (after 3pm) available for additional \$10/hr fee

I wish to enroll my child _____ in Naturally Nurtured Nature

Forest School for the 2022-2023 school year. Date: _____

Parent/Guardian's signature: _____

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 would help the staff

understand and help your child be their best at Forest School. (Personality traits/fears)

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

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

MEDICAL INFORMATION (attach extra pages if necessary)

1. Describe and name all prescription medications.

2. Describe all medications to which your child is allergic.

3. Describe all other allergies (including food) or special medical conditions.

4. Provide Name, and Telephone number of your child's pediatrician.

Doctor: _____ Phone: _____

5. Are you covered under a medical/hospitalization insurance plan?

If yes, provide the following information:

Insurance Company _____

Name of Insured Employer/Group Name _____

Policy Number _____

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)_____ .

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www.NaturallyNurturedNature.com