



Miss Maple's Nature House

303 Naples Rd.

PO Box 101

Harrison, ME 04040

(207) 615-9398

missmaplesnaturehouse@gmail.com

www.MissMaplesNatureHouse.com

Wendy Gallant, Director
Registered Maine Guide
Certified Nb Educator

#MissMaplesNatureHouse

#NoKidLeftInside

#MapleKidzRock

#JustBeAKid

#GetOutsideAndBeHappy

#1000HoursOutside

#ItsOurNature

ENROLLMENT PACKET

- About My Child
- Family Agreement & Waiver
- Parent/Guardian Permission Form
- Child's Record Cover Sheet
- Emergency Medical Treatment Authorization
- Tuition Agreement

Please visit our website FMI >>>

[FAMILY HANDBOOK &](#)

[POLICIES](#)

[BENEFITS, RISKS, & HAZARDS](#)

Dear Parent/Guardian,

Thank you for choosing Miss Maple's Nature House for your child. To enroll in our program, please complete and return the attached forms, along with full or first tuition payment.

THANK YOU and we look forward to guiding your child through nature.

In Wonder,

Wendy Gallant aka 'Miss Maple'

ABOUT MY CHILD ...

Child's Name: _____

DOB: _____

Toileting –

- Not potty-trained
- Working on potty-training (pull-ups)
- Fully potty-trained

Grooming –

- Cannot dress him/herself
- Can partially dress
- Can put shoes on
- Independent with dressing
- Independent with hand-washing

Sleeping -

- Naps
- Cannot put self to sleep

Two strengths:

1. _____
2. _____

Two weaknesses:

1. _____
2. _____

Two things your child likes:

1. _____
2. _____

Two things your child dislikes:

1. _____
2. _____

How much screen time does your child have a day?

How much outdoor time does your child have a day?

Please rate your child's level of experience with the following: 0=none, 4=very

OUTSIDE ACTIVITY	0	1	2	3	4
Walking/hiking					
Being outdoors					
Being in the woods					
Swinging					
Getting dirty					
Bring around water					
Being around insects, bees					
EDUCATIONAL					
Holds pencil					
Coloring					
Says ABC's					
Counts to 10					
Recognize his spelled name					
Story/books					
SOCIAL/EMOTIONAL					
Can self-regulate emotions					
Is social, knows to be a friend					
Can articulate feelings					
Uses physical means to express herself (hit, bite)					
Follows directions					
Picks up toys/messes					
Has anxiety or shyness					
'Bounces off walls'					

Does your child have any physical, emotional, or social challenges or diagnosis?

Please tell us about any concerns you might have, and what you would like to see your child benefit from/learn here at Miss Maple's.

FAMILY AGREEMENT & WAIVER



- Benefits of Outdoor Play** | We love that our child will participate in an immersive outdoor learning program! We encourage our child to explore nature in all seasons and habitats, including exploration in or near water, ice, snow, and mud. We welcome the benefits of children taking risks and encourage messy, active, whole-body play!
- Handbook & Waiver** | We will read and abide by all outlined policies and sign all required waivers to participate.
- Program Calendar** | We will review the calendar and make notes of important dates and days off.
- Family Involvement** | Where possible, we will attend family events and other special opportunities to explore nature with our child as part of the learning community.
- Gear** | We will provide essential gear to ensure our child gets the most out of time spent outdoors. This includes gear to stay dry, warm, or cool in every season. If we cannot provide gear, we will ask for support.
- Arrival** | I will ensure that my child arrives between 8:30a-9a and will come prepared with a lunch, bag/backpack, appropriate gear, and hair secured away from face. My child will come dressed for immersive outdoor learning, no matter the weather.
- Pick-Up** | I will promptly pick-up my child at the end of the session, no later than 4:30p. If s/he must go home with another adult, I will provide a written note stating permission in advance and that adult will be required to show ID.
- Safety** | I will provide accurate information about my child's health (allergies, medical conditions, medications, immunizations, etc.) and make sure that teachers have accurate, up-to-date contact information in case of emergency.
- Illness** | We will keep our child at home if s/he is ill with a fever, rash, contagious illness, or other discomfort that prevents full participation in vigorous outdoor play. If s/he becomes ill while in your care, we will be called for immediate pick-up.
- Foraging** | Our child has permission to taste wild edibles such as wood sorrel, berries, violets, mint leaves, etc. and other plants used for making herbal teas and wild salads.
- Risks & Hazards** | We understand that this program is risk-based, play-based, and nature-based and that our child will be exposed to an inherent amount of danger/risk by participating in the activities (bee stings, tree climbing, cuts, bruises, falling down, etc.)
- Tools and Fire-Making** | We encourage our child to use real tools and participate in campfire activities and/or fire-making *under the careful supervision of adults*.
- Respect** | We will work together to cultivate trust, respect, gratitude, and friendship in our learning community. We will always show respect to each other, our homes, community, habitats, and the land we explore. Where possible, we will express our gratitude through service to the community.

We are the parents/legal guardians of the child below and we agree to the policies set forth here.

Child's Name (Printed)

Parent/Guardian Signature

Date

PARENT/GUARDIAN PERMISSION FORM



Child's Name: _____

Section 1. Potentially Hazardous Activities

I hereby grant permission for my child to engage in the following potentially hazardous activities while in the care of *Miss Maple's Nature House*, a licensed childcare provider:

- ✓ Any of the nature-based, risk-based activities as described in the Family Handbook
- ✓ Participate in water activities in lakes and ponds.
- ✓ Use of a wading pool at the provider's location
- ✓ Field trips to local farms, parks, etc. (Permission slips specific to and field trip will be sent home prior to).

Section 2. Permission to Take/Use Photographs

Miss Maple's Nature House maintains several marketing and social media platforms, including a newsletter, website, Facebook, and Instagram, and frequently posts daily activities, seasonal celebrations and children's play and discoveries.

I DO NOT authorize the childcare provider to take or use photograph/video of the child named above.

I hereby grant permission to this provider to photograph/video record the child named above for the purposes of:

- ✓ Marketing materials, including brochures and on-line materials.
- ✓ Classroom and/or program posting in the childcare program.

I understand that my child may be photographed at normal daycare hours, field trips, or activities. I understand that these photographs may be used in promoting childcare services, either in print or on the Internet. I agree that this form will remain in effect during the term of my child's enrollment. I understand that it's my responsibility to update this form in the event that I no longer wish to authorize the above uses. I understand that there will be no payment for me or my child's participation.

Section 3. Permission to Post Information

I hereby give permission for this childcare provider to post any allergies or contagious illness my child may have the necessary precautions and treatment in the event of exposure in the program. (a child's identity will remain confidential).

Parent/Guardian signature

Date

EMERGENCY MEDICAL TREATMENT AUTHORIZATION FORM

This form grants temporary authority to a designated adult to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them. This form should accompany the child in the event of off-site trips or emergency relocation of the program.

Minor's Full Legal Name: _____

Home Address: _____

Date of Birth: _____ Gender: Female Male

Physician's Name and Location of Practice: _____

Physician's Phone # (if known): (____) _____

Medical Insurer/Health Plan: _____ Policy #: _____

Allergies to Medications: _____

Allergies (Other): _____

Please note all conditions for which the child is currently receiving treatment: _____

Note any other significant medical information: _____

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for _____ (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

Signed this _____ day of _____, 20____.

This authorization is effective through ____/____/____.

Parent/Legal Guardian Signature: _____

Printed Name: _____

Witness Signature: _____

Printed Name: _____

CHILD'S RECORD COVER SHEET

Admission Date: _____ Discharge Date: _____

Name of Child: _____ Birthdate: _____

Address: _____ Telephone: _____

Parent/Guardian Name: _____

Address, if different from above: _____

Place of Employment: _____ Telephone: _____

Employment (physical) Address: _____

Work phone: _____ Cell Phone: _____

Parent/Guardian Name: _____

Address, if different from above: _____ Telephone: _____

Place of Employment: _____ Telephone: _____

Employment (physical) Address: _____

Work phone: _____ Cell Phone: _____

Alternative Means Of Contacting the Parent/guardian: _____

Legal custodian of the child: _____

Custody schedule, if shared: _____

Next-of-kin (other than parents/guardians): _____

Name	Relationship	Address	Telephone
------	--------------	---------	-----------

Other emergency contacts:

Name	Relationship	Address	Telephone
------	--------------	---------	-----------

Name	Relationship	Address	Telephone
------	--------------	---------	-----------

Name(s) and relationship(s) of persons who are to be permitted to remove the child from the program:

The facility **MUST** be notified by the parent when regular transportation or pick-up methods will vary.

Family physician: _____
Name Address Telephone

Family dentist: _____
Name Address Telephone

Completed by: _____ Date: _____

TUITION AGREEMENT

Child's Name: _____ Effective Date: _____

PARENT'S VENMO: _____

Tuition Agreements - *Miss Maple's Nature House* and parent/guardian will sign an Agreement stipulating the agreed days, costs, and financial responsibilities. We invoice per Session, or per diem for Drop-In attendance. Bi-weekly payment plans are available. (Bi-weekly billing is due every other Sunday) We use Venmo as the primary pay source and will send a "Request for Payment" a few days before your child is scheduled to attend. Cash or check is also accepted, and payment is due upon receipt.

- While ideally, we would like payment to be made **before** your child attends, we will grant a one-week grace period.
- Families with accounts more than two-weeks overdue will not be allowed to send their children until the account is brought up to a 'paid' status.
- Accounts more than three weeks unpaid will be regarded as Vacant and the slot will be offered to the next family on our Wait List.
- Absences due to non-payment are still payable.

Fees – Program rates are per diem. First and last bi-weekly tuition payment is expected upon enrollment. Parents are also asked to contribute a \$50 fee each session to help offset overhead costs (landscape mat'l, equipment, van expenses, extra labor, etc.).

***Please reach out confidentially if there is a financial hardship.
We do not want your child to miss out on their Miss Maple's experiences.***

Absent Policy – *Tuition is payable regardless of attendance*, including a child's personal/vacation days, sick days, storm days, and non-payment days. For children sick for 3+ days, tuition may be reduced to ½ rate for up to two weeks. A doctor's note may be requested. The Lead Guide (Miss Maple) is entitled to one paid sick day/session (Forest Kindergarten only).

Probation Period – Within the first two weeks of care, either party may discontinue service without notice.

Cancellation Policy - After the initial Probationary Period, both the Parent and Provider agree to give a minimum of two-week notice before withdrawing/dismissing the child OR, Parent agrees to pay two weeks of tuition in lieu of notice.

Termination Policy - We reserve the right to terminate for the following reasons (but not limited to):

- Failure to pay
- Failure to complete the required forms
- Lack of parental cooperation
- Failure of child to adjust after a reasonable amount of time
- Physical or verbal abuse of any person or property
- Our inability to meet the child's needs

Closed Days – MMNH will be closed for the holidays and week(s) listed below. Holidays are payable when they fall within your agreed schedule. (Note: we do not close for general storms. Please only travel if you feel safe to do so.)

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day/After
- Christmas Eve/Day

** Miss Maple's is closed each year for three consecutive weeks: end of August through start of Fall session.*

By signing this Agreement, all parties agree to abide by the written policies of the MMNH Family Handbook. Any amendments to the policies will follow a 2-week notice period before they go into effect.

Parent/Guardian signature Date

Wendy Gallant, MMNH Executive Director Date