

# Miss Maple's



# Nature House

## **ENROLLMENT PACKET**

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Wendy Gallant, Director

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## ENROLLMENT PACKET

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- ♣ Family Agreement
- ♣ Parent/Guardian Permission Form
- ♣ Child Information Sheet
- ♣ Emergency Medical Treatment Authorization

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 first week's tuition payment. Please note: Maine State law requires parents to provide us with a copy of your child's immunization records within the first two weeks of care.

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

In Wonder,

'Miss Wendy' Gallant

See Also **FAMILY HANDBOOK & POLICIES**

See Also **BENEFITS, RISKS, & HAZARDS**





## FAMILY AGREEMENT

- 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 note of important dates and days off.
- Family Involvement** | Where possible, we will attend Family Friday's and other special events 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** | My child will use the potty and wash hands before drop-off. My child will come prepared with a backpack, full water bottle, and nutritious lunch each day, when applicable. 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. 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, etc.) and make sure that teachers have accurate, up-to-date contact information in case of emergency.
- Illness** | We will keep our child 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.
- 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, 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.

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Child's Name (Printed)

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Mother/Guardian Signature

Date

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Father/Guardian Signature

Date

# PARENT/GUARDIAN PERMISSION FORM



Child's Name: \_\_\_\_\_

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

## 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

- 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
  - ✓ Other: \_\_\_\_\_

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 childcare program. (child's identity will remain confidential).

\_\_\_\_\_  
Mother/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father/Guardian signature

\_\_\_\_\_  
Date

**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
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**Other emergency contacts:**

Name	Relationship	Address	Telephone
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Name	Relationship	Address	Telephone
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**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
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Family dentist: \_\_\_\_\_

Name	Address	Telephone
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Completed by: \_\_\_\_\_ 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: \_\_\_\_\_