



Camp Enrollment & Participant Information Packet

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BASIC INFORMATION

Child's Name	DOB	Age	Gender

Parent/Guardian Name(s)	
Mailing Address	
Email	
Phone Number	

PROGRAM AGREEMENTS

- A. [Little Feet Forest School Camp Information](#)
- B. **Physical, Social & Cognitive Requirements of Child**

Is your child capable of the following:

- Walking .3 of a mile
- Carrying a small backpack (may contain a jacket and water)

- Follow teacher directions and school rules related to respect and safety
- Leave parents' side
- Immerse in nature
- Potty-trained (all participants must be potty trained by the start of the season they are enrolled)
- Engaging socially with other children

___YES ___No; If "No" please elaborate in the space provided below.

EMERGENCY CONTACT INFORMATION

Provide the following information for a minimum of two emergency contacts. In the case of an emergency the list will be activated starting with #1 to the proceeding contacts thereafter.

Contact #1- Name		Relationship to Child	
Cell Phone		Work Phone	
Address (optional)			

Contact #2- Name		Relationship to Child	
Cell Phone		Work Phone	
Address (optional)			

OPTIONAL

Contact #3- Name		Relationship to Child	
Cell Phone		Work Phone	
Address (optional)			

PICK-UP/DROP-OFF LIST

In the space provided below, please identify the family members that will be permitted to drop off and pick up your child from care. Identity will be confirmed with a proper identification card at the time of pick up; information on ID needs to match that provided below. If you would like to augment this list at a later time please contact our office.

The following people are permitted, with proof of identification, to pick up my child from the care of Little Feet Forest School.

Pick-up/Drop-off List:

1. full name/relationship to child/phone numbers
2. full name/relationship to child/phone numbers
3. full name/relationship to child/phone numbers

Parent/guardian signature

MEDIA RELEASE

I permit Little Feet Forest School to use photographs that include my child on their website or social media to promote the school and its programming. In the use of these photos, the name of the children will remain anonymous.

Parent/Guardian Signature

***Leave blank if you wish for your child's photos to NOT be used publicly.

HEALTH PLAN (AS NEEDED)

Please complete the attached health plan(s), including permission/directions from your family doctor, **if your child requires medicine or specialized medical attention** while in the care of Little Feet Forest School.

[Colorado Allergy/Anaphylaxis Plan](#)

[Colorado Asthma Care Plan](#)

[Permission for Medication Administration Form](#)

If your child requires medication (prescription or over the counter) you will need to complete a Medication Administration form as well as bring in the following:

- Medication with original label
- Permission for Medication Administration Form signed by a physician, detailing the medication, timing, dosage, and method of administration

- Pharmacy name and phone number on the label

All Little Feet Forest School staff are certified in CPR and first-aid, as well as medication administration.

IMMUNIZATION RECORDS/PROOF OF EXEMPTION

Complete the following forms and/or provide a copy of your child's vaccination records. It is your responsibility to ensure your child is up-to-date on the recommended vaccinations by age and/or you provide the required exemption documentation upon each vaccination benchmark.

[Certification of Immunizations](#) (to be completed by a medical provider)

[Certification of Nonmedical Exemption](#)

AUTHORIZATION OF EMERGENCY MEDICAL SERVICES

In the case of a medical emergency, I authorize the staff of Little Feet Forest School to provide emergency medical services within the spectrum of their qualifications, including first aid and CPR. I also authorize them to contact emergency transport in the case that my child needs to be transferred to a medical facility.

Guardian Signature

SESSION SELECTION

- _____ - Session 1- June 17-20, 2024/8:30 AM- 2:00PM/\$345 per session
- _____ - Session 2- June 24-27, 2024/8:30 AM- 2:00PM/\$345 per session
- _____ - Both Sessions 1 & 2/8:30AM- 2:00PM/\$675 both sessions

CAMP LOCATION PERMISSION SLIP- Cub Creek Trailhead and Upper Maxwell Falls

Little Feet Forest School will host summer camp on National Forest land at the Cub Creek Trailhead and Upper Maxwell Falls Trailhead. These areas provide a great opportunity for explorers to engage in our local natural environment, both exploring mountains and water systems.

I permit Little Feet Forest School staff to support my child _____ to Cub Creek and Upper Maxwell Falls National Forest areas for continued forest school exploration.

Parent/Guardian Signature

I understand the camp overview and LFFS policies, I would like to submit my completed program agreement for the 2024 Summer Camp program.

Signature

Print Full Name **Date** _____

See next page “How to make a payment” for payment options.

Email completed applications to info@littlefeetforestschool.org

Thank you! We are so excited to welcome your explorer to Little Feet Forest School Summer Camp!

PAYMENT PLAN (Optional)

Payments for camp can be made in full or with a personalized payment plan; **camp fee must be paid in full by June 1, 2024**. Please see the next section on how to make a payment.

Payment #	Date	Amount
Total		

HOW TO MAKE A PAYMENT

- A. Check or money order- Check or money order can be sent or delivered in person to the base camp address:
 - Little Feet Forest School
 - 7179 Ponderosa Ct.
 - Evergreen, CO. 80439
- B. Zelle- Zelle transfer. Scan the following QR code or find us at our Zelle profile name.
 - a. Zelle NAME- LittleFeetForestSchool
 - b. QR Code:

Scan in your banking app to pay
Little Feet Forest School LLC
at i...o@littlefeetforestschool.org.



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