## **Helena Field School Student Enrollment Spring 2023**

Please fill out an enrollment form for each learner enrolling in HFS along with a non-refundable \$50 registration fee (which helps with purchasing materials for the year for each learner). Checks are made out to Helena Field School.

Mailing address: Helena Field School, PO Box 1934, Helena, MT 59624

## STUDENT INFO

Child's name:				
Age as of 9/10/2022:	Date of Birth:			
Allergies:				
Other physical, medical, behavioral considerations:				
PARENT/GUARDIAN INFO				
Parent's Name:	Relationship to Child:			
Cell Phone:	Work Phone:			
Email:				
Parent's Name:	Relationship to Child:			
Cell Phone:	Work Phone:			
Email:				
Home address where child resides:				
Mailing address (if different):				
# of siblings/other children in household:				
List any other adults (and their phone numbers) allowed to pick up your child:				

		Child's Name:	
I am registering for:			
Tuesday:	Thursday:	Both:	

Tuesday:	Thursday:	Both:
I agree to volunteer for 1 day a registering 2 days.		nd 2 days a month if
Please describe your child's s enjoy the most?	trengths. What comes easy to	him/her? What does he/she
What is difficult for your chil time completing?	d? What activities does he/she	not enjoy or have a difficult
Describe your goals and hope	es for the school year.	
occupations (or past occupation	mportant to our vision. We woons) of the adults in your hous ses, programs, or organization	ehold and/or any personal

How did you hear about us?

Child's Name:	
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## **EMERGENCY INFORMATION**

If a parent or guardian cannot be reached, please list the name and contact information for a local person who you authorize to care for your child.

Name:	Relationship to Child:		
Cell Phone:	Work Phone:		
MEDIA			
Helena Field School takes photos throughout the year. These pictures could be published on the website or social media. If you do not wish to have your child's photo published, please indicate below.			
	e photos of my child taken during class or to publish on the website or social media.		
Comments or special notes from parents (i.e. photos may be used, but no faces shown; no names/tagging but still photos, etc.):			
Parent/Guardian signature for medical information and media:			
Name	Date		