



Miss Maple's Nature House  
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Wendy Gallant, Director

#MissMaplesNatureHouse  
#NoKidLeftInside  
#JustBeAKid  
#GetOutsideAndBeHappy  
#1000HoursOutside  
#WildChild

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## ENROLLMENT PACKET

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- ♣ Family Agreement & Waiver
- ♣ Parent/Guardian Permission Form
- ♣ Child's Record Cover Sheet
- ♣ Emergency Medical Treatment Authorization
- ♣ Tuition Agreement (separate attachment)



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'

Please visit our website FMI >>>

**[FAMILY HANDBOOK & POLICIES](#)**

**[BENEFITS, RISKS, & HAZARDS](#)**



## 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 note 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** | My child will use the potty and wash hands upon drop-off. My child will walk him/herself in and come prepared with a 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. 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.
- 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, 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.

\_\_\_\_\_  
Name (Printed) Child's

\_\_\_\_\_  
Guardian Signature Mother/ Date

\_\_\_\_\_  
Guardian Signature Father/G 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 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

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

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: \_\_\_\_\_

Release for Emergency Medical Treatment 2016

## MISS MAPLE'S NATURE HOUSE - TUITION AGREEMENT

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

Effective Date: \_\_\_\_\_

Please indicate which slots your child will be attending:

PROGRAM	SESSION	COST	MON	TUE	WED	THU	FRI	Wk/Session TOTAL	ACTIVITY FEE \$10	
Forest Kindergarten	Winter '23 Jan 3 – Mar 9	\$50/day	X				X			
	Spring '23 Mar 20 – May 25						X			
	Summer1 '23						X			
	Summer2 '23						X			
Trail Blazers	Winter '23 Jan 16 – Feb 13	6wks/\$120		X	X	X	X			
	Spring '23 Apr 10 – May 22						X			
	Summer1 '23						X			
	Summer2 '23									
MMNH Venmo	@Wendyg123		<b>AMT TO BE BILLED</b>							
Parent/Guardian Venmo	@		\$ _____ in full =							
			\$ _____ x 2wk payment =							

**\$10 Activity Fee/session** is due along with this Agreement.

**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 for 2023 will begin on Sun. Jan. 1 and every other Sunday thereafter.) 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.

***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 this agreed tuition 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

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.

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Parent/Guardian signature

Date

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Wendy Gallant, MMNH Executive Director

Date