



Full Moon Girls Registration Form

PO Box 191

Montague, MA 01351

(802) 257-8570

Mentoring Tomorrow's Empowered Women

www.VermontWildernessSchool.org

FullMoon@VermontWildernessSchool.org

Participant's Name _____ Date of Birth ____/____/____

Nickname _____ Age on First Day of Program _____

Participant's Address _____ Home Phone _____

Address (continued) _____ Other Phone _____

City _____ State _____ Zip _____ Participant's E-mail _____

Present School; Home? Public? Private? Other? _____ Grade _____

Previous VWS or other nature programs/camps attended: (Name & Year) _____

Siblings' Names and Ages _____

Participant lives with mother father both other _____

Legal Guardian 1 Name _____ mother father other _____

Occupation _____ Work Phone _____ Home Phone _____

e-mail _____ Fax _____

Legal Guardian 2 Name _____ mother father other _____

Occupation _____ Work Phone _____ Home Phone _____

e-mail _____ Fax _____

Other Important Caregiver Name _____ Relationship to Participant _____

Occupation _____ Work Phone _____ Home Phone _____

Billing Address (if different) _____

CIRCLE ONE - How did you learn about the Program? Friend -- Web -- Posted Flyer -- Paper Mailing -- Other

Please Give Details on Above _____



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Program Dates for 2014-15:

25 sessions, 12 Fall/13 Spring, 2 overnights, each = 2 sessions

Fall

Oct 3, 10, 17, 24, 31, Nov 7, 14-15 Overnight, 21 Open Visit Day, [Not 28], Dec 5, 12, 19

Spring

Feb 6, 13, [Not 20 or 27; Winter Break 28], Mar 13, 20, 27, Apr 3, 10, [Not 24; Spring Break], May 1, 8-9 Overnight, 15, 22 Open Visit Day, 29 Wild Foods Fiesta

Program Cost:

Fall: \$875

Spring: \$1075

Program Scholarship:

Lower end of sliding scale is our scholarship rate. We want you with us, please ask about further scholarship possibility. We are glad to accommodate a payment plan, information is below.

Payment Agreement - please complete steps below.

1. Tuition: Write your payment amount: _____ Full year \$1800-2025 _____ Fall \$800-900 _____ Spring \$1010-1135

Upper range is for those who can! Your generosity gifts future generations

2. Deposit: Send minimum \$200 non-refundable deposit with complete registration form by program start.

Write checks to "Vermont Wilderness School" with memo line "Full Moon Girls" and mail to PO Box 191

Montague, MA 01351 at your earliest convenience, by Sept 22nd for Fall | Dec 19th for Spring

3. Check to indicate your payment method, _____ A) Single Payment OR _____ B) Payment Plan:

A) Single Payment: Total tuition due Oct 3rd - Fall | Feb 6th - Spring

B) Payment Plan: This payment plan agreement, all post-dated checks totaling full tuition amount, plus minimum of \$200 deposit is due Oct 3rd Fall | Feb 6th Spring

Indicate Amounts – Payment Plan Installments

Fall: 1) _____ Oct 24th 2) _____ Nov 14th

Spring: 1) _____ Feb 20th 2) _____ Mar 27th

Calculating Installment Amounts

After \$200 deposit, each of the two installments will be half of your remaining tuition.

REQUIRED SIGNATURES

VERY IMPORTANT! PLEASE READ THIS PAGE CAREFULLY.

At Vermont Wilderness School Youth Programs, the safety of each student is our highest priority. We take all reasonable precautions to ensure your child's physical and emotional safety and to provide a quality nature experience that focuses on fun, safety and personal development. However, as in any other experience, we cannot, however eliminate all risk from our programs. By signing the following statements you will be acknowledging that you understand the risks of attending this program, assuming liability for your child's participation and certifying that your application is complete and truthful.

Acknowledgement of Risk

I understand that the program takes place in rocky and forested terrain and that water activities are a part of the experience. The following potentially hazardous activities, as well as others not mentioned, may be undertaken: camping, building and sleeping in natural shelters, hiking, wading, cooking, fire building, use of tools, & use of knives. These activities can cause personal injury, property damage, illness or death.

Parent/Guardian signature

Date

Photo Release

By signing below I hereby grant free permission for Vermont Wilderness School and Full Moon Girls to use images of enrolled participant in their programs or events for outreach purposes, including but not limited to electronic or printed materials or media. NO, I do not wish to grant a photo release. ☐ Please consider granting this release to us if at all possible, as our ability to successfully share our program with new participants depends on having representative photographs.

Assumption of Liability

In recognition of the potential hazards, I, or my children, my heirs and assigned, do hereby release Dhyana Miller, Louisa Pugh and other instructors and any volunteers, program participants and anyone else acting in any capacity on their behalf (hereinafter, collectively referred to as "Vermont Wilderness School") from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, and specifically including any claim for negligence or negligent acts, arising from my child's participation in a Vermont Wilderness School program. I further agree to hold harmless and indemnify Vermont Wilderness School and its agents for all defense costs, including my attorney's fees and any other costs resulting in connection with my child's participation.

Parent/Guardian signature

Date

Statement of Completeness

All of the information on this Student Application form is confidential and will only be shared with the appropriate Vermont Wilderness School staff. Students with a variety of medical/psychological/physical conditions or problems have successfully participated in our programs but WE MUST BE AWARE OF THESE CONDITIONS. Other students, staff, and the applicant are all put at risk when this information is withheld. I understand that if my child arrives at this program with a pre-existing condition, injury or other health problem not indicated on this application which Vermont Wilderness School staff discovers because of its negative impact on my child's experience, fellow students, staff, or the camp program, my child may be asked to leave the program she is attending and I will receive no refund of tuition. I hereby certify that I have answered all questions on this application and the parent questionnaire truthfully and completely. If circumstances change between today and the first day of the program so that this application is no longer truthful or complete I certify that I will fully inform The Vermont Wilderness School of the new circumstances.

Parent/Guardian signature

Date

Vermont Wilderness School PO Box 2585 Brattleboro, VT 05303 Ph: (802) 257-8570

www.VermontWildernessSchool.org office@VermontWildernessSchool.org

Vermont Wilderness School

Confidential Medical Record

Complete both sides and return to Full Moon Girls, PO Box 191, Montague, MA 01351. (802) 257-8570

Your daughter's place in Full Moon Girls is confirmed when we receive your deposit, all signed and completed forms, and her medical form has been approved. This medical form is an important way to ensure a safe and enjoyable experience for your child. Please fill out all relevant parts carefully and truthfully. Anyone in average physical condition can expect to complete our program. If we have any question about your daughter's ability to complete the course, we will call and discuss the matter with you. If we think your daughter should not participate in the course, we will refund all tuition payments made to Vermont Wilderness School. We cannot refund costs of medical examinations or other expenses you incur preparing for a course.

PART 1 General Information

1. Name _____ 2. Program Starting Date _____
3. Female ____ Male ____ 4. Birth date _____ 5. Height _____ 6. Weight _____
4. Family Physician _____ Phone () _____
5. Insurance: Each participant is responsible for medical expenses. Sickness and accident insurance is recommended but not required.
- Is applicant covered by any hospitalization care policy? Yes No
- Insurance company name _____ Policy Number _____
- Address _____ City _____ State ____ Zip _____
- Does insurance company require pre-authorization? Yes No If yes, phone () _____

PART 2 Medical Information

You should know that it is possible for children with a variety of medical/ psychological difficulties to participate in our camps, but we must be aware of these conditions for our benefit. Failure to disclose such information could result in serious harm to your child, other students and staff.

1. Allergies - List below. Include foods, insects, plants (poison ivy – normal rash?, etc) and medications. Describe in detail your daughter's reactions and any medication she may require.

1a. Does your daughter have any special dietary requirements? yes no If so, please describe. We can provide for vegetarian diets as well as allergies to a limited number of foods. If your daughter has more unusual dietary requirements please call us to make special arrangements

2. Medications your daughter is currently taking - List the dosage, condition it is for and any side effects your daughter is experiencing.
3. Describe your daughter's current physical exercise activity. Include frequency, duration and intensity.

4. Date of your daughter's last tetanus booster: _____. Who gave the booster? _____
Their phone number: _____. Boosters are recommended at age 5 and every 10 years thereafter. It is recommended that children who get deep, dirty wounds or puncture wounds more than 5 years after their last booster receive another booster promptly.

5. Answer "yes" or "no" below.

	yes	no
a. Asthma	_____	_____
b. Seizure within past year	_____	_____
c. Family history of heart attack	_____	_____
d. Hospitalization within past 2 years	_____	_____
e. Emergency Dept. visit within past year	_____	_____
f. Neck, back, shoulder, knee, ankle pain or injury	_____	_____
g. Medical equipment needed	_____	_____
h. Other medical issues, illnesses or symptoms	_____	_____

Give details on any question for which you checked "yes". Include symptoms and/or any restrictions.

6. If you check "yes" to any of the following questions, we strongly suggest that you consult with a health care professional to determine whether your daughter's health status is sufficient for her to participate in the program:

Yes No

_____ a. High blood pressures (or currently being treated)
_____ b. Heart murmur
_____ c. Heart issues (current or prior heart disease, irregular heart beat, history of heart attack)
_____ d. Chronic, on-going disease such as diabetes, seizure disorder, bleeding disorder
_____ e. Chest pain/pressure, heart palpitations, frequent unexplained or heart-related
dizziness or fainting, sweats or weak spells
_____ f. Severely over weight

Describe in detail any of the above for which you checked "yes" (include additional sheets if necessary):

PART 3 Signature required

I hereby give consent for emergency hospitalization for _____ (**print participant's name**) if it becomes necessary as a result of her participation in a Vermont Wilderness School program. I understand that the program may involve physically and mentally strenuous activities.

The information provided above is a complete and accurate statement of the physical and psychological factors which may affect my child's participation in a Vermont Wilderness School program. I realize that failure to disclose such information could result in serious harm to my child and fellow students and agree to indemnify and hold Vermont Wilderness School and its employees and affiliates harmless if all relevant information is not disclosed. I also agree to notify Vermont Wilderness School should there be any change in my child's health status prior to the start of her program.

Parent/Guardian Signature _____ Date _____

First Aid OTC Release

First Aid supplies include bandages, band aids, Hydrogen Peroxide, Bacitracin, Betadyne, & Benadryl. We also have Rescue Remedy, some essential oils (therapeutic grade), herbal salves, Arnica tabs and gel etc.; things we use for ourselves.

Please indicate to us if there is anything you definitely want us to use or not use with your child if an accident occurs. If we don't hear from you in writing, we will follow basic first aid protocol.

Parent/Guardian Signature _____ Date _____



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Parent Questionnaire

Dear parents,

Welcome to Full Moon Girls, a wilderness program for girls by women!! We are looking forward to providing a high quality learning experience for your daughter. Parents of past participants of VWS programs have reported transformational results for their children on many levels. Our staff is skilled and experienced at working with children and youth in the outdoors. However, we have no mental health workers or special education specialists on staff. Therefore, our program may not be appropriate for some youth. The questions are designed solely to help us decide whether or not we have the resources to give your daughter the quality experience she deserves. This will help us to prevent the unfortunate event of discovering that we are unable to serve your daughter after the program begins. Only program staff will see this questionnaire. Please answer these questions completely and to the best of your ability. Please use additional sheets if necessary. A completed questionnaire is required for attendance. Thank you.

What is your daughter's name?

How much time does your daughter spend outdoors? very little some a whole lot

What is your daughter passionate about, favorite interest?

Has your daughter had any wilderness or naturalist experience?

How does your daughter interact with other peers one-on-one and in a group? At home? At school?

How does your daughter interact with adults?

(more questions on back)

In the last two years, has your daughter undergone any major changes such as a move, new sibling, new school, divorce, illness or death of someone close? yes no If so, how is she adapting?

Has your daughter started her menstrual cycle? How does she seem to feel about it? Nervous, proud, embarrassed, excited, ashamed, shy, open? (We ask because within our program we acknowledge menstruation as a significant life passage for each girl.) We encourage you to approach us with any questions.

Has your daughter seen a mental health professional in the past two years? yes no
Has recommended treatment been completed? Will you arrange for you daughter's counselor to release information about her diagnosis and course of treatment if it is requested by the staff? yes no

Name of most recent counselor _____ Phone _____
Address _____

Does your daughter have any learning disabilities or medical/physical conditions we should be aware of?
yes no If so, please describe.

What have you or your daughter's teachers found to be successful strategies for working with your daughter to manage stress and resolve conflicts?

What was your main motivation for enrolling your daughter in this program?



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New Questionnaire

Dear Participant,

Welcome to Full Moon Girls! Below are some questions to help us get to know you better and make sure that we can give you the best experience possible. Please answer them without the help of your parents.

What is your name? What do you like to be called?

Why did you most want to attend this program?

What are five favorite things you like to do? (Some examples: hike, perform, read, draw, sing, play soccer, make things.)

What are five of your least favorite things to do? (Some examples: hike, perform, read, draw, sing, play soccer, make things.)

What are some plants you like and why?

What are some animals you like and why?

Do you have places outside where you like to hang out or explore? What are they like?

Who are some of your favorite people and why?

Do you prefer to be around kids your own age, older kids, younger kids, everyone?

Have you ever spent time with a group of only girls and women before? If so, what did you like and not like about that?

Do you have lots of energy to move around all day or do you like to go slow and be in one place?

Do you get cold easily?

What do you like to eat and are there things you don't like to eat? (We periodically cook out over fires).

What do you hope to experience this year at Full Moon Girls? Include any goals you have. (If you're returning, we'd love to know how you'd like this year to be different than, or to build on, last year.)

If you could have any superpower, what would it be and why?

What more would you like us to know about you?