

After School Foundational Fun Program for Children

We will meet Wednesdays after school. The pick up time will vary between 4:20-5:30 depending on our activity block. If we are at school we will end at 4:20, for activities that involve driving (Riding and Cross Country Skiing) the ending time will be later. This time will be communicated to the parents before those blocks begin. We will meet for 20 sessions during the 2019-20 school year. The cost is \$300 for all programming and sessions throughout the year.

Child's Name: _____ **Birthdate:** _____

Address: _____

Primary Phone: _____ **Email:** _____

Contact Name: _____

Phone Numbers: _____

Dietary Restrictions: _____

Parent Statement/Permission: I accept responsibility for informing Conradine Sanborn for any changes of home or business address and phone numbers. I give my child permission to be moved by ambulance or other conveyance to a doctor's office or hospital and assume responsibility for payments of same. In case of an accident or illness where immediate treatment is not needed, but where my child is unable to remain at the Foundational Fun After School program, I request Conradine Sanborn to contact me. If I am unable to be reached I request that one of the persons below be contacted to care for my child until I can be reached. These people have permission to transport my child.

I understand that sensory and reflex integration and massage is done during the program. I give Conradine Sanborn permission to touch my child while doing this work. This permission lasts during the duration of the program.

Conradine Sanborn holds a valid Minnesota Driver's License, and vows to drive following the safety regulations and speed limits during any transportation during the after school program. We will be driving from MWS to River Valley Riders in Afton Mn. We may also be driving to Como park or Lake Elmo Park for Cross Country skiing and to NE Mpls for Color Light sessions. I give permission for my child to be transported in a vehicle driven by Conradine Sanborn. If my child needs a child seat I will provide that. All children will sit in the back seats.

I understand that this program is not a part of the Minnesota Waldorf School Programming.

I understand that part of this program involves the opportunity to work with **Adam Blanning**, an anthroposophical pediatrician. If I choose this option I give **Conradine Sanborn** permission to communicate with Adam Blanning regarding notes, observations and therapies recommended.

Child's Name _____

Parent Signature _____

Emergency Contact Name/s _____

Emergency Contact relationship/phone number _____

Physician _____ Phone _____

Preferred Hospital _____

Please check if the student has a current problem with and of the following and note any medication student is taking.

Allergies _____ Treatment _____

Asthma y/n Treatment/Medication _____

Seizures y/n Medicaiton _____

Any other condition requiring observation?

Are your child's allergies life threatening?

Contact Conradine Sanborn 651-233-3566 / conradines@gmail.com with any questions