

Home School Program Enrollment Form 2016-2017

Paid _____
Cash _____
Check Number _____
Confirmation _____

Fall Session: "Field Scientists" (September-November)

Winter Session: "Animal Interactions" (December-February)

Spring Session: "Going Green" (March-May)

\$10 per month or \$25 per session

\$8 for each additional sibling or \$24 per session

- **Fill out a separate form for each student**
- **Place an "x" next to the days your child will attend**
- **Payment due with completed registration form.**
- **To promote socialization and maximum participation, we encourage parents to leave their children in the care of the OBS staff during the Home School Program. Parents should only remain for the program if the student will not stay without a parent present. Thank you for your trust and understanding.**

Fall

Sept 16 _____

Oct 21 _____

Nov 18 _____

Winter

Dec 16 _____

Jan 20 _____

Feb 17 _____

Spring

March 17 _____

April 21 _____

May 19 _____

STUDENT'S NAME: _____

ADDRESS: _____ E-mail Address _____

CITY: _____ STATE: _____ ZIP: _____ GRADE: _____

We welcome students in grades k-12 to participate in our Home School Program. Minimum age required: 5yrs.

PARENT'S or GUARDIAN'S NAME _____

PHONE #: (HOME) _____ (WORK) _____

Send to form & payment to: 3774 Orweiler Rd. Mansfield, OH 44903

We, the parents or legal guardians of _____, would like to register our child for the Home School program at the Ohio Bird Sanctuary at its outdoor facility at 3774 Orweiler Rd., Mansfield, Ohio.

We understand that, while all possible precautions will be taken to allow our child to have a rewarding, educational experience, the Ohio Bird Sanctuary will not be held responsible for injuries or losses, either to person or property, while our child visits this facility, and we release the Ohio Bird Sanctuary from such liability.

We also understand that some of the activities, such as trail hiking, have risks and may be strenuous. We are aware of these risks and of our child's ability. We also understand that we are responsible for our child's actions while at the facility.

Parent or Guardian's Signature _____