

Ohio Bird Sanctuary

2021-2022 Home School Program Enrollment Form

Paid _____
Cash _____
Check Number _____
Confirmation _____

Open to students K-12th Grade!

Please fill out a separate form for each student. Place an "x" next to the days/times your child will attend. You may only select one time per month. Payment is due with the completed registration form.

September 9: Up in the Trees

10am-12pm _____ 1pm-3pm _____

December 9: Winter Survival Skills

10am-12pm _____ 1pm-3pm _____

March 10: Spring Migration

10am-12pm _____ 1pm-3pm _____

October 14: Fall Fruit Science

10am-12pm _____ 1pm-3pm _____

January 13: Crazy Science

10am-12pm _____ 1pm-3pm _____

April 14: Reduce, Reuse, Recycle

10am-12pm _____ 1pm-3pm _____

November 11: Autumn Leaves

10am-12pm _____ 1pm-3pm _____

February 10: Snowy Haven

10am-12pm _____ 1pm-3pm _____

May 12: Spring Blooming

10am-12pm _____ 1pm-3pm _____

To best serve individual students, each class will be split into two groups by grade. Older students will be placed in one group, and younger students will be placed in another group. Sibling groups may be separated.

Price: (please check one)

- Members:** \$12/class
 Non-members: \$15/class

Refund Policy:

No monetary refunds are offered for our home school classes. If your child is unable to attend a class that he or she is signed up for, you may choose another class (only good for 2021-2022 classes; will depend on availability). If you sign up for all 9 classes, no refund or option to move to another class will be given. If classes are cancelled by the Sanctuary due to COVID-19, extreme weather conditions, or other acts of God, you will receive full refund.

PLEASE PRINT THE FOLLOWING INFORMATION:

STUDENT'S NAME: _____ GRADE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ BIRTH DATE: _____

(We welcome students in grades K-12 to participate in our Home School Program. Kindergarteners must be 5yrs old by Sept. 1, 2021.)

E-MAIL ADDRESS: _____

(Please provide a valid email address that you check. All information to parents will be sent via e-mail)

MEDICAL, PHYSICAL, AND/OR LEARNING DISABILITIES (Please include food allergies)

(Important for coordinating staffing and resources. Acceptance and participation is not affected by this information.)

PARENT'S or GUARDIAN'S NAME: _____

PHONE #: (HOME) _____ (CELL) _____

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 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 give the staff of the Ohio Bird Sanctuary permission in an emergency situation to seek medical attention for our child.

We understand that our child may be photographed at the Ohio Bird Sanctuary, and we grant the Ohio Bird Sanctuary permission to use these photographs in publications, news releases, online, and in other communications related to the mission of the Ohio Bird Sanctuary.

We also understand that we are responsible for our child's actions while at the facility. We agree to be responsible and pay for any property damage caused by our child.

Parent or Guardian's Signature

Date

Send form & payment to: Ohio Bird Sanctuary 3774 Orweiler Road, Mansfield, Ohio 44903