



## ADVENTURE PLAY 2019-20 ENROLLMENT PACKET

### WHAT IS ADVENTURE PLAY?



Adventure Play at The Parish School is an outdoor, hands-on program that allows children the opportunity to play on three acres of land, with tools, scrap materials and their growing imaginations. It is best described by one of our students as a place “where we get to make our own stuff.” And by make, they really mean make! Forts, swings, fishing poles, robots, magic wands, stilts, ladders and ladybug houses, all made from hammers, nails, lumber, rope, fabric and ingenuity.

However, a lot of what the children make are not physical structures, but stories, characters and games they invent and then share with one another. Think of Adventure Play as an adult-staffed, 3-acre backyard, where kids play freely and explore as they have throughout the ages. It is where they “figure out” themselves and their peers, and where they learn what is possible when given the time and space to invent their own play environment. Through this process, children grow more confident, creative and socially adept.

### WHO ARE OUR STAFF?

There are hundreds of adventure playgrounds throughout the world, but we are one of only six in the U.S. The adults who staff adventure playgrounds are called **playworkers**, a unique profession created in the U.K. to support children’s independence and creativity during play. Playworkers are on site to help the children realize their ideas, to make sure the playground is safe, and to give the children communication support when they need it. However, our goal is independent, free play. During free play, children take all the skills directly taught to them throughout the school day, in therapies and at home, then synthesize and personalize them.

### WHAT'S WITH ALL THE SCRAP MATERIAL?

Adventure playgrounds were first called junk playgrounds, because they were empty lots in London filled with random material that children could use in whatever way they set their minds. This, too, is by design, because children are more likely to feel a sense of creative freedom and motivation when materials aren't perceived as precious. A lot of decisions playworkers make are based on inviting a sense of ownership among the children, so they're deeply invested in the space. When they feel the playground is theirs, children challenge themselves in extraordinary ways.





## HOW CAN WE BE REACHED?

Jill or Wes may be reached weekdays from 3–6 p.m. when they have their phones.  
Before then, please use email.

Jill Wood, Founder and Director  
[jwood@parishschool.org](mailto:jwood@parishschool.org) (832) 368-7145

Wes Hamner, Lead Playworker  
[whamner@parishschool.org](mailto:whamner@parishschool.org) (346) 243-2918

## ENROLLMENT AND CALENDAR

Adventure Play accepts new attendees on a rolling basis, ages 6-12. We are open to both Parish students and children who attend other schools (public or private), including siblings. **All caregivers are required to attend a 1-hour orientation meeting as part of enrollment.** Adventure Play follows The Parish School calendar, so when the school has a holiday, AP will have one as well.

The program is held after school, Monday–Thursday from 3:15–5:30 p.m.

### First Day of Adventure Playground Wednesday, August 14

#### School Holidays

<b>Fall</b>	<b>Monday, Sept. 2</b> Labor Day	<b>Thursday, Oct. 17</b> Elementary Parent/Teacher Conferences	<b>November 25-29</b> Thanksgiving Holiday	<b>December 23- January 7</b> Winter Holiday
<b>Spring</b>	<b>Monday, Jan. 20</b> Martin Luther King, Jr. Day	<b>Thursday, Feb. 6</b> Elementary Parent/Teacher Conferences	<b>Monday, Feb. 17</b> Presidents Day	<b>March 16-20</b> Spring Break

### Last Day of Adventure Playground Thursday, May 14

(the last day of The Parish School is Thursday, May 21)

## PICK-UP PROCEDURE

Please park and pick your child(ren) up directly from the playground no later than 5:30 p.m.

Adventure Play is located behind Bur and Chestnut Oak cottages, in the field behind Little Acorn Park. Please see our campus map at [www.parishschool.org/why-parish/explore-our-campus](http://www.parishschool.org/why-parish/explore-our-campus).

## LATE FEES

Parents are expected to pick up their child on time from any optional program (Extended Day, Adventure Play, Social Learning, etc.). Picking up **beyond** 5 minutes of regular dismissal time is considered late pick-up. Parents will be given **one 15-minute grace period** after which they will be charged a late fee of **\$15 for every 5-minute block** they are late past the established dismissal time.



Chronic late pick-up may lead a child to be dismissed from the optional program. Late fees will be included in the monthly invoice.

### WHAT DOES YOUR CHILD NEED FOR ADVENTURE PLAY?

Adventure Play is a hands-on, experiential program, so your children will get wet, muddy and painted. We play outside rain or shine, but in cases of lightning, move to the library.

On days when it's cold, we do not play with water, but still go outside, so please send gear that can get wet when it is warm, and will keep your children warm during winter. As the Norwegian saying says, "There is no such thing as bad weather, only inadequate clothing."

Daily, please send:

- Play clothes that can get wet, muddy and painted, and a snack for after school.

The following may be sent and stored in your child's AP bin for convenience:

- Closed-toe play shoes and/or rubber boots.
- Sunscreen and bug spray in fall and spring, and a warm jacket, hat and gloves in the winter.
- A water bottle—we supply drinking water daily, but ask that you send your own drinking container, labeled with your child's name.

### COMMUNICATION

Please let us know whenever there is a big change in your child's life—illness, medication, a move, new baby, sleep troubles, etc. Children work through a lot during play and knowing about the big picture will guide us on how to support them.

We have the emergency forms in this packet, but please communicate any additional health needs if/as they arise. **If you would like us to keep any medications on-hand for your child (i.e. Epipen, inhaler, Diastat), you need to fill out an additional form.**

(THIS PAGE IS INTENTIONALLY LEFT BLANK)



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

## 2019-20 EMERGENCY INFORMATION

### Authorization for Emergency Medical Attention, Emergency Contacts & Medical Information

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

Child's Primary Address: \_\_\_\_\_  
Street City State Zip

Parent 1's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Parent 2's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

It is required to list **two (2)** persons The Parish School may contact (other than a parent) in the event the staff cannot reach you and to whom you give permission to pick up your child:

Contact 1: \_\_\_\_\_ DL # & State: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact 2: \_\_\_\_\_ DL # & State: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

In the event I/we cannot be reached to make arrangements for emergency medical attention, I/we authorize a designated Parish School staff member to contact EMS to take my/our child to the nearest hospital or to the following:

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**We give our consent for any and all necessary treatment.**

Parent 1's/Legal Guardian 1's Name

Parent 1's/Legal Guardian 1's Signature

Date

Parent 2's/Legal Guardian 2's Name

Parent 2's/Legal Guardian 2's Signature

Date



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

## 2019-20 EMERGENCY INFORMATION (CONT.)

### Authorization for Emergency Medical Attention, Emergency Contacts & Medical Information

I/we give permission for The Parish School to administer the following over-the-counter medications (or their generic equivalent) to my/our child if necessary. Dosages will be administered according to package directions:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Benadryl         | <input type="checkbox"/> Hydrocortisone Cream | <input type="checkbox"/> Insect Repellant |
| <input type="checkbox"/> Topical Benadryl | <input type="checkbox"/> Sunscreen            | Containing DEET                           |

### My/our child has the following medical concerns:

Chronic Medical Conditions:

Allergies:

Dietary Restrictions (i.e. Gluten/Casein Free):

My/our child takes the following medications regularly. (Include prescription, over-the-counter medications and supplements. Please keep Adventure Play updated on any changes.)

Medication	Dosage
_____	_____
_____	_____
_____	_____
_____	_____



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

## ADVENTURE PLAY ENROLLMENT FORM 2019-20 SCHOOL YEAR

Thank you for your interest in Adventure Play. Spots in the program are limited and will be filled on a first come, first served basis, at the discretion of the program director.

\*\*\*Please note that if your child is enrolled after the beginning of the month or withdraws prior to the end of the month, the full month's payment is still due. Direct debit or credit card processing is required for this and all Optional Programs at The Parish School and will occur on or about the 5<sup>th</sup> day of each month from August through May. Your monthly invoices will be sent via email.

If the child will no longer attend the succeeding month of Adventure Play, a notice in **writing** is required to be sent to the **director, Jill Wood**, before the end of the current month.

### Please enroll by selecting one of the following program options:

Adventure Play is held after school Monday–Thursday from 3:15–5:30 p.m., except on school holidays, conferences or the **last week of school** (see page 2 of enrollment packet for list of dates).

#### Enrollment Options

**Enrollment Option 1: 2 days per week**

\$2,250 per year (reflects a 10% discount\*) or monthly installment plan of \$250/month

Select 2 days:  Monday  Tuesday  Wednesday  Thursday

**Enrollment Option 2: 3 days per week**

\$3,375 per year (reflects a 10% discount\*) or monthly installment plan of \$375/month

Select 3 days:  Monday  Tuesday  Wednesday  Thursday

**Enrollment Option 3: 4 days per week**

\$4,050 per year (reflects a 10% discount\*) or monthly installment plan of \$450/month

#### Start Date Options

I would like to enroll my child for the entire 2019-20 school year (**Aug. 14–May 14**).

I would like my child to start on the following date: \_\_\_\_\_

\*10% discount only applies to students enrolled for the full year and paid in full.

Please charge me:  One payment in full

Monthly payments

Promo Code: \_\_\_\_\_

Only one promo code may be used per enrolled child. Families receiving financial assistance for AP are ineligible for discounts.

#### Sibling Enrollment

Receive a 15% discount on enrollment of each additional sibling in the Adventure Play program.

**Please complete an additional enrollment packet for each child and indicate SIBLING15 code on enrollment form. (No other discount may be used.)**

Sibling(s) enrolling: \_\_\_\_\_



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

## PAYMENT AUTHORIZATION FORM

### Attention:

**Only complete this form if your payment method for optional programs is different from your current Smart Tuition account or you do not have a child attending The Parish School.**

Please select one of the following:

**1. Authorization Agreement for Direct Debits (ACH Debits)**

I/we, \_\_\_\_\_, hereby authorize The Parish School to initiate debit entries to my/our  **checking** or  **savings** account (select one) indicated below at the depository financial institution named below, and to debit the same to such account. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. Law Payment amounts and processing dates of Direct Debits are based on the payment option selected in the signed Enrollment Contract or Optional Program Enrollment Form for the 2019-20 school year.

**Please complete this section and attach a voided check:**

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

**2. Authorization Agreement for Credit Card Processing:**

I/we, \_\_\_\_\_, hereby authorize The Parish School to process credit card transactions to my/our credit card noted below. Amounts and processing dates of credit card transactions are based on the payment option selected in the signed Enrollment Contract or Optional Program Enrollment Form for the 2019-20 school year. **We acknowledge that by selecting the pay via credit card, an additional 3.0% service fee will be applied to my account to cover credit card processing costs.**

**Please complete this section:**

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

---

**THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL THE PARISH SCHOOL HAS RECEIVED WRITTEN NOTIFICATION FROM ME/US OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD THE PARISH SCHOOL AND ANY DEPOSITORY FINANCIAL INSTITUTION INVOLVED A REASONABLE OPPORTUNITY TO ACT ON IT.**

Account Holder Name \_\_\_\_\_ Date \_\_\_\_\_

Account Holder Signature \_\_\_\_\_





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

## WAIVER OF LIABILITY

IN CONSIDERATION FOR THE ENROLLMENT OF MY CHILD AT THE PARISH SCHOOL, I HEREBY AGREE TO WAIVE AND RELEASE THE PARISH SCHOOL AND THE CARRUTH CENTER AND THEIR RESPECTIVE AGENTS, EMPLOYEES, OFFICERS, DIRECTORS, REPRESENTATIVES AND CONTRACTORS (HEREINAFTER COLLECTIVELY "THE PARISH SCHOOL PARTIES") FROM ANY AND ALL CLAIMS, DEMANDS, AND CAUSES OF ACTION (INCLUDING ATTORNEY'S FEES AND EXPENSES OF ANY KIND), IRRESPECTIVE OF CAUSE OR ORIGIN, DIRECTLY OR INDIRECTLY, FOR NEGLIGENCE OF ANY KIND, BREACH OF CONTRACT, STRICT LIABILITY, OR OTHER FAULT THAT MAY BE BROUGHT (1) BY ME (OR PERSONS CLAIMING BY THROUGH, UNDER OR ON BEHALF OF ME), (2) ON BEHALF OF MY CHILD AND (3) ON BEHALF OF MY OTHER CHILDREN OR THOSE FOR WHOM I AM A LEGAL GUARDIAN AGAINST THE PARISH SCHOOL PARTIES.

I HEREBY AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE PARISH SCHOOL PARTIES FROM ALL LIABILITY, INJURIES, DAMAGES, COSTS AND EXPENSES (INCLUDING ATTORNEY'S FEES, EXPERT WITNESS FEES, AND EXPENSES OF ANY KIND) RELATED TO ANY AND ALL SUITS, CLAIMS OR CAUSES OF ACTION OF ANY AND EVERY TYPE WITHOUT LIMIT AND WITHOUT REGARD TO THE CAUSE OR CAUSES THEREOF OR THE SOLE, JOINT OR CONCURRENT NEGLIGENCE OF ANY PARTY OR PARTIES, THAT MAY BE BROUGHT (1) BY ME (OR PERSONS CLAIMING BY, THROUGH, UNDER OR ON BEHALF OF ME); (2) ON BEHALF OF MY CHILD; (3) ON BEHALF OF ANY RELATIVE OF MY CHILD; OR (4) ON BEHALF OF ANY THIRD PARTY, TO THE EXTENT THAT SUCH LIABILITY, DAMAGES, COSTS, EXPENSE, SUIT, CLAIM OR CAUSE OF ACTION ARISES FROM OR RELATES TO MY CHILD'S PRESENCE, ATTENDANCE OR ENROLLMENT AT THE PARISH SCHOOL OR THE CARRUTH CENTER.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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



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

## ACKNOWLEDGEMENT OF ENROLLMENT PACKET

Download and complete pages 4-10 of this packet using Adobe Reader, or print a copy to complete by hand. Please turn in or email with both parent/legal guardian's signatures to Jill Wood, Director of Adventure Play at [jwood@parishschool.org](mailto:jwood@parishschool.org). Packets may also be mailed or dropped off at the front office.

**I hereby acknowledge that I have received a copy of the Adventure Play Enrollment Packet.**

**I further acknowledge that I have read the information in the packet, have submitted the proper paperwork, and am familiar with the program's approach.**

**I understand that I will attend a parent orientation within 30 days of enrollment.**

---

**Parent 1's/Legal Guardian 1's Name**

**Parent 1's/Legal Guardian 1's Signature**

**Date**

---

**Parent 2's/Legal Guardian 2's Name**

**Parent 2's/Legal Guardian 2's Signature**

**Date**