



MOUNTAIN SOL SCHOOL

MOUNTAIN STEWARDSHIP & OUTDOOR LEADERSHIP

Enrollment Form, Summer 2018

Please print legibly

Child's Name _____ Date _____

Home Address (Street) _____

City _____ State _____ Zip _____

Home Phone _____ Date of Birth _____ Age _____ Gender _____

Student's School _____

Mother's Name _____ Work Phone _____

Cell Phone _____ Email _____

Father's Name _____ Work Phone _____

Cell Phone _____ Email _____

Please indicate on the following pages the Summer Workshops you child will attend. Additionally, please note the following and sign below.

- If my child is accepted into Mountain SOL's Summer workshops, I agree to pay for the weeks I have indicated on the attached form, at the rate indicated. In order to reserve my child's place, I have enclosed a non-refundable deposit of \$170 or 50% of total workshop fees (whichever is less) by May 18, 2018. The deposit will be refunded if, and only if, someone from the waitlist takes my child's place. I understand that full payment is due on the Monday prior to the week of service or may be paid in full at any point in time prior to that. There will be a \$5.00 per business day late fee penalty for any payments not received by 5:00pm Tuesday prior to the week service is provided.
- **Please Note: After May 18, 2018, you are financially responsible for the weeks you have indicated on your enrollment form. After this date, if you need to cancel, full payment will be waived if, and only if, another child can take your child's place.**
- **Mountain SOL will keep enrollment open for all workshops until filled.**
- I hereby grant permission for my child to be included in evaluation and photographic pictures, including video/audio recordings, connected with the summer workshop program.
 - Check here if you permit your child to be in photos and videos, but not the use of his/her name.
 - Check here if you do NOT grant permission for your child to appear in any photographs, video or audio recordings.
- **A complete and updated emergency form & immunization record must be on file with Mountain SOL prior to attending summer workshops (see Emergency Contact form for additional details)**
 - Check here if your child is attending MLA Summer Camps AND you grant permission for MLA to share your child's Emergency Contact Info and Immunization Record with Mountain SOL. If you do not grant this permission you MUST submit Mountain SOL's Emergency Contact form & copy of immunization record

SIGNED _____ DATE _____
Parent/Guardian

Mail all pages and Deposit to:
Liz Wiles, Mountain SOL School
66 Eddy Rd
Morgantown, WV 26501

Questions? Email or Call Liz Wiles, PR & Operations Mgr
liz@auroralights.org
206-795-0701



2018 Summer Workshop & T-shirt Sign-up Form

Please print legibly

Child's Name _____ Date _____

Please indicate below the workshops your child will be attending this summer by **initialing** the appropriate boxes.

- **Sign up for 4 or more Morgantown Campus workshops & receive a 10% discount!**
- Campers who also attend MLA Summer Camp the same week as a Mtn SOL workshop will be eligible for the "Part-Time" MLA summer camp rate (enroll separately). Please note the weeks where you camper will be attending both by initialing under the "w/MLA camp" column.

HALF-DAY WORKSHOPS (Mon – Thurs, except where noted*)

Dates	Workshop	Mtn SOL ONLY	w/MLA Camp
June 18 – 20	Fire Building 101 (9a – 12p)		
*July 11 – 14	Hamping for Happiness! (1p – 4p)		
*July 19 – 20	Natural Formations (Th-Fri only, 9a – 4p)		
July 30-Aug 2	Beginning Sur-thrival (9a – 12p)		
Aug 6 – 9	Intro to Mountain Mallards! (9a – 12p)		
Aug 6 – 9	Advanced Fire (1p – 4p)		
	Total # of Half-Day Workshops		

FULL-DAY WORKSHOPS (Mon – Fri, 9a – 4p)

Dates	Workshop	Mtn SOL ONLY	w/MLA Camp
July 23 – 27	Navigation Levels 2 – 4 (at Coopers Rock SF)		
	Total # of Full-Day Workshops		

CHEAT MOUNTAIN CAMPUS WORKSHOPS (Overnights)

Dates	Workshop	Cost
July 2 – 6	Cheat Mountain I (M – Fri)	\$300
July 2 – 6	Cheat Mountain II (M – Fri)	\$300
July 2 – 9	Cheat Mountain Scouts (M – M)	\$250
Aug 11 – 13	Wild Food Weekend (Sat – M)	\$160
Sept 1 – 3	Navigation Experience (Sat – M)	\$140
	Total <u>Cost</u> of Cheat Mountain Workshops	

Calculate Cost

Total # of Half-Day Workshops: _____

Total # of Full-Day Workshops: _____

TOTAL # OF WORKSHOPS: _____

Based on # of Workshops, calculate TOTAL COST according to pricing structures below

Half-Day Workshops

_____	X	<u>\$100</u>	=	Total: Half-Day
Total # Half-Day		Price per workshop		\$ _____
Workshops				

Full-Day Workshops

_____	X	<u>\$170</u>	=	Total: Full-Day
Total # Full-Day		Price per workshop		\$ _____
Workshops				

Half-Day Cost: \$ _____

Full-Day Cost: \$ _____

TOTAL COST (Morgantown Campus): \$ _____

10% discount (for 4 or more workshops): \$ _____

Cheat Mountain Campus Total Cost: \$ _____

GRAND TOTAL: \$ _____

50% of TOTAL (to determine deposit amount): \$ _____

Deposits are due by May 18, 2018

A non-refundable deposit of \$170 or 50% of Total Cost (whichever is less) is due by May 18, 2018, along with enrollment paperwork. The deposit will be applied to your final workshops. Information and deadlines on balance due will be sent within a week of enrollment.

See main Enrollment Form for additional information on Deposits and Full Payments.

T-shirt Order Information on next page

Campers will receive a FREE Mountain SOL T-shirt if they're enrolled in 4 or more workshops. Additional T-shirts can be ordered for discount price of \$8 each. *Please indicate number and size below plus any additional cost.*

For campers who are enrolled in 3 or fewer workshops, Mountain SOL T-shirts are available for discount price of \$8 each. *Please indicate number and size below plus cost.*

Size	Youth	Adult
Small	S (6 – 8)	S
Medium	M (10 – 12)	M
Large	L (14 – 16)	L
Extra Large	Not available	XL
Double X Large	Not available	XXL

Size _____ Number _____ x \$8 (if applicable) = \$ _____
Any applicable T-shirt payments must be included with Deposit payment

TOTAL DEPOSIT & T-SHIRT PAYMENT: \$ _____
Make checks payable to "Mountain SOL School"

SIGNED _____ DATE _____
 Parent/Guardian

Mail all pages and Payment to:
 Liz Wiles, Mountain SOL School
 66 Eddy Rd
 Morgantown, WV 26501

Questions? Email or Call Liz Wiles, PR & Operations Mgr
 liz@auroralights.org
 206-795-0701



Emergency Contact Information, Summer 2018

Please print legibly

Note: If your child also is attending MLA Summer Camps, and you have given permission for MLA to share your child's Emergency Contact Info with Mountain SOL School, you do not need to submit this form. Please see main Mtn SOL Summer Enrollment Form for additional info.

Child's Name _____ **Date** _____

Child lives with: ___ both parents ___ mother only ___ father only ___ other, specify _____

Mother/Father/Guardian _____ Relationship to child _____

Work Phone _____ Cell Phone _____ Email _____

Mother/Father/Guardian _____ Relationship to child _____

Work Phone _____ Cell Phone _____ Email _____

If parents are divorced or separated, please specify custodial parent _____

Special Needs:

___ Special Needs _____

___ Medical Needs or Concerns _____

___ Allergies _____

Other Needs or Concerns (e.g. behavior issues) _____

Emergency Contacts:

Please list two relatives or nearby neighbors that you have notified and that agree to assume temporary care of your child if you cannot be reached:

Name _____ Relationship _____ Phone _____

Home Address _____
(Street) (City) (State) (Zip)

Name _____ Relationship _____ Phone _____

Home Address _____
(Street) (City) (State) (Zip)

Since we are outdoors, sunscreen and insect repellent are important for your child's protection. We need your permission to use sunscreen and insect repellent on your child.

- Yes, I authorize the use of sunscreen and insect repellent
- No, I do not authorize the use of sunscreen and insect repellent

Medical Info and Pickup Authorization on Next Page

MEDICAL INFORMATION & PICKUP AUTHORIZATION
Summer 2018

I request that the school contact me in case of accident or serious illness. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If the school is unable to contact this physician, the school is requested to make whatever arrangements are necessary, including referral to the hospital as listed below for treatment as the attending physician may direct:

Preferred Hospital _____ Child's Physician _____

Phone _____ Address _____
(Street) (City) (State) (Zip)

Name of Health Insurance Provider _____ Policy # _____

I agree to pay all medical and hospital costs. If I have school accident insurance, I agree to pay all medical and hospital costs in excess of insurance coverage.

Authorized to Pickup:

Please list below all persons that you authorize to pickup your child from summer workshops:

Name _____ Relationship _____ Phone _____

Home Address _____
(Street) (City) (State) (Zip)

Name _____ Relationship _____ Phone _____

Home Address _____
(Street) (City) (State) (Zip)

Name _____ Relationship _____ Phone _____

Home Address _____
(Street) (City) (State) (Zip)

Name _____ Relationship _____ Phone _____

Home Address _____
(Street) (City) (State) (Zip)

Code Word

Please select a code word that you will share with those persons authorized to pick up your child. The code word and/or proof of identification (photo ID) may be asked for at pickup time.

_____ (Code Word)

SIGNED _____ Date _____
(Mother, Father, Guardian or Custodial Parent)

Mail all pages and Deposit to:
Liz Wiles, Mountain SOL School
66 Eddy Rd
Morgantown, WV 26501

Questions? Email or Call Liz Wiles, PR & Operations Mgr
liz@auroralights.org
206-795-0701