

GREAT RIVER LEARNING
Family Information Form
for Great River One-Days, "Great River School" Three-Days, and Great River Play-K
Fall 2017- Spring 2018

Student Information

Student's Name: _____

Birthdate: _____ Program: _____

Name and Phone Number of caregiver to contact during the day should an emergency arise:

Please list here any allergies and other conditions for which your child may need medication or medical attention during his/her time at school and complete accompanying medical forms:

Any social/emotional/learning concerns?

Name(s) of adults who may pick my child up after school:

In the event of illness or injury in which we may not be able to reach you (check and complete all to which you consent):

_____ Contact friend or family member _____

at this phone number: _____

_____ Transport to _____

(hospital name)

_____ Contact child's pediatrician, _____,

at this phone number: _____

_____ Allow Great River Learning to give consent for emergency medical treatment on site or at the nearest medical facility

Great River Learning admits students of any race, color, national origin, and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national origin, or ethnic origin in administration of its educational policies, scholarship and loan programs, and athletic and other school-administered program.

Parent Information

Father's Name: _____

Phone Number: _____ Email: _____

Mother's Name: _____

Phone Number: _____ Email: _____

Mailing Address(es): _____

Residential Address (if different than mailing address):

Parental Consent

We give our consent to allow our child's photograph to be used on (check and complete all to which you consent):

_____ the Great River Community Facebook page _____ the Great River Learning website

_____ in printed material or media that promotes Great River Learning

_____ We give our consent to have our email address and phone number made available to other Great River families.

Parent(s) or Guardian(s) Signatures:

Fall Term 2015

Winter Term 2016

Spring Term 2016

General Liability Waiver

We, _____,

the parents of _____,

will not hold Great River Learning or Faith Presbyterian Church liable or responsible for any injury or illness befallen to our child while participating in school activities on school grounds or elsewhere.

Signature

Date

Please answer the following questions regarding your child's education to date:

1. Has your child experienced formal schooling or have you always homeschooled?

2. At what grade level do you consider your child to be working currently?

3. How do you see the Charlotte Mason philosophy, as you currently understand it, to line up with your own goals for homeschooling your child?

4. What is your biggest struggle in homeschooling your child?

5. What do you most delight in in teaching your child at home?

6. What would you most like to see develop in your child this year academically? emotionally? socially? spiritually?
