



Lazure Learning Village

2018-2019 LLV Community Participant Forms

2018-2019 Enrollment

Child's Name: _____ Age: _____ (one per child)

<input type="radio"/> Musikgarten:	Mondays Community \$15/ class	Materials Fee \$25 per session
	4-7 yrs 9:45-10:45 (snack time with art 10:50 - 11)	
	8 week: 10/15-12/10	\$120 + \$25
<input type="radio"/> Little Musikgarten:	Mondays Community \$15/ class	Materials Fee \$15-25 per session
	18-36 mos 11:15-12:00 "Parent"+Child only (picnic and play after class)	
<i>circle one:</i>	5 week: 10/1-10/29 OR 11/5-12/10	\$75 + \$15
	OR 10 week: 10/1-12/10	\$150 + \$25
<input type="radio"/> Montessori Art:	Mondays Community \$15/class	Materials Fee \$25 per session
	4-7 yrs 11:00-12:30 (snack time with music 10:50 - 11)	
	8 week: 10/15-12/10	\$120 + \$25
<input type="radio"/> NaturePLAY:	Tuesdays Community \$15/class	Materials Fee \$15 per session
	2-7 yrs 10:45-12:15 "Parent"+Child only meets outdoors	
	6 week: 10/9 - 11/13	\$90 + \$15
<input type="radio"/> Montessori:	Wednesdays & Thursdays Limited availability, call for more information!	
	4-7 yrs 9:00-1:00	Fall 2018 & Spring 2019

**Severe weather make up days 12/17-12/20, if needed. No co-op week of Thanksgiving holiday.*

Full-time cooperative "members" are those who enroll for all 4 days offered by Lazure Learning Village, work as parent assistants, enjoy drop-off privileges where applicable, have access to the cooperative's resources, training, library, and receive discounts to cooperative classes. "Community participants" attend **with** a parent 1-3 classes/week.

- Yes, please DO consider our family for membership (**STOP! Ask for membership application**)
- No, our family will participate as a part of the LLV Community.

*I acknowledge, all fees and costs are subject to enrollment minimums and budget maximums, and are subject to change. Material fees are due upon registration, serve as a deposit to hold our spot, and are non-refundable. Remaining co-op fees may be billed per semester in full, in two "quarterly" payments, or in equal monthly payments. Service fees apply for credit card payments. Cash and check accepted. A payment schedule of fees due available upon acceptance. ****ALL DATES ARE SUBJECT TO CHANGE***

Signature _____ Date Signed _____



Lazure Learning Village

2018-2019 LLV Community Participant Forms

Parent Contact Information

Child(ren)'s Name(s): _____

Custodial Parent(s): _____ Nickname: _____

Relationship to child: _____ Permission to drop off / pick up? _____

Address _____

City/State _____ Zip _____

Primary Phone _____ Secondary Phone _____

Email _____

If different, Attending Adult: _____ Nickname: _____

Relationship to child: _____ *Permission to drop off / pick up?* _____

Address _____

City/State _____ *Zip* _____

Primary Phone _____ *Secondary Phone* _____

Email _____

Emergency Contact (other than those listed above)

Emergency Contact: _____ Nickname: _____

Address _____

City/State _____ Zip _____

Primary Phone _____ Secondary Phone _____

Email _____

Relationship to child: _____ Permission to drop off / pick up? _____

Signature _____ Date Signed _____

Signature _____ Date Signed _____



Lazure Learning Village

2018-2019 LLV Community Participant Forms

Child(ren)'s Name(s): _____

Attending Adult's Name(s): _____

Media Release

I hereby grant permission to LLV and its members to use images of myself, my family, and my child. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Lazure Learning Village website and Lazure Learning Village various social media sites.

Initial: _____ Initial: _____

First Aid Consent

Adults, owners, parents, tutors, and volunteers associated with Lazure Learning Village have my permission to give first aid treatment to my child including cleaning wounds, applying dressing, and administering medications such as oral benadryl or topical treatments for pain or itching.

Initial: _____ Initial: _____

Liability Waiver

I understand and agree that I am participating in the Lazure Learning Village (LLV) voluntarily and at my own risk. I will not hold LLV, Brandon or Alison Hux, supervising parents, nor any of either of their lessors, officers, directors, employees, contractors, volunteers or assignees liable for any negligence or alleged negligence or other fault that results in personal injury, death, or property damage during or in connection with the above program. The undersigned, for myself and for my children, heirs, executors, administrators, and assignees, hereby agrees to indemnify, hold harmless, release and forever discharge LLV and the facility and its directors, officers, contractors, employees, and volunteers from all such claims.

I hereby release all members of LLV of any and all liability resulting from medical treatment. I understand if medical attention is necessary and I am not present, LLV has my permission to call an ambulance to transport any family member to the nearest medical facility for emergency treatment. I am responsible for all expenses incurred. LLV has permission to give basic first aid or emergency medications.

Further, I understand that this waiver applies to any and all family members potentially present at LLV events and activities. By signing below I acknowledge that I have read the above waiver and release, and understand that I have given up substantial right by agreeing to these terms voluntarily.

I recognize that neither LLV nor Alison Hux carry sufficient liability insurance for protection of participants.

I have read, fully understand, and agree to these conditions. Initial: _____ Initial: _____

Signature _____ Date Signed _____



Lazure Learning Village

2018-2019 LLV Community Participant Forms

Signature _____ Date Signed _____



Lazure Learning Village

2018-2019 LLV Community Participant Forms

Consent and Medical Information: Child

This information is for co-op use and may be shared with emergency personnel, along with contact info.

Child's Name: _____ DOB: _____ (one per child)

Primary Parent on Insurance: _____ DOB: _____

Employer _____

Pediatrician's Name/Practice Name _____

City/Zip _____ Primary Phone (____) _____

Preferred hospital/treatment center _____

Chronic Illnesses/Significant Medical History _____

Dietary Restrictions (non-allergic) _____

Allergies: _____

Describe severity and reaction: _____

Current Medications: _____

Emergency Medical Consent Child

Lazure Learning Village has my permission to obtain emergency medical treatment for my child(ren) when I or my emergency contacts cannot be reached or if a delay in picking up my child would be dangerous for him/her.

I understand that I assume all financial responsibility for any treatment or injuries sustained while participating in NaturePLAY or other programs with Lazure Learning Village.

Signature _____ Date Signed _____

Signature _____ Date Signed _____



Lazure Learning Village

2018-2019 LLV Community Participant Forms

Consent and Medical Information: Adult

This information is for co-op use and will be shared with emergency personnel, along with contact info.

Attending Adult's Name: _____ **DOB:** _____

Primary Adult on Insurance: _____ **DOB:** _____

Employer _____

Physician's Name/Practice Name _____

City/Zip _____ **Primary Phone (____)** _____

Preferred hospital/treatment center _____

Chronic Illnesses/Significant Medical History _____

Dietary Restrictions (non-allergic) _____

Allergies: _____

Describe severity and reaction: _____

Current Medications: _____

Emergency Medical Consent Adult

Lazure Learning Village has my permission to obtain emergency medical treatment for me when a delay in treatment could be dangerous. My emergency contacts will be notified to pick up my children.

I understand that I assume all financial responsibility for any treatment or injuries sustained while participating in NaturePLAY or other programs with Lazure Learning Village.

Signature _____ Date Signed _____

Signature _____ Date Signed _____