



HOMESCHOOL PROGRAM

2019-20

at Foothill Horizons Outdoor School

www.foothillhorizons.com skaye@stancoe.org

21925 Lyons Bald Mountain Rd, Sonora CA 209-532-6673

Homeschool students will come learn science from the natural world around them. Parents drop off their children and naturalists guide students to explore, inquire and be inspired on our 143 acres of oak woodland forest. Curriculum is aligned with current state standards and flexible enough to adapt to student needs. The naturalist will use blended learning and differentiated instruction to accommodate various ages of students in the class.

Each week students will:

- Use the tools of a scientist (close observation, hand lenses, guides)
- Visit a personal phenology spot and note the weather.
- Work together to learn, explore, and help one another.

Ages: 7-13

Thursdays or Fridays

9:30-3:00 pm

One day per week only

Cost: \$140 for each 4 week session

Max: 15 students per day

Session 1 OCT Habitat

• **Thursdays: Oct 3-24; Fridays: Oct. 4 -25**

- Explore habitats big and small across Foothill. Learn what make a habitat and how life adjusts to each little change in a habitat. Create habitats, get wet in habitats and reveal hidden habitats at Foothill.

Session 2 NOV 4 legs or more

• **Thursdays: Nov. 7-Dec. 5 (not 28) Fridays: Nov. 8-Dec. 6 (not 29)**

- Learn more about our animals at Foothill with 4, 6, 8 or 1,000 legs--what do they eat, where do they sleep, how do they play! Each day will be focused on a specific animal with 4 or more legs.

REGISTRATION

To register your child, please complete the form below and attached HEALTH FORM and mail it to: 21925 Lyons Bald Mountain Rd, Sonora, CA 95370

Name	Age	Sessions: check all that apply	Circle one	Cost per child (number of sessions X \$140)
		<input type="checkbox"/> 1 <input type="checkbox"/> 2	Thursday Friday	
		<input type="checkbox"/> 1 <input type="checkbox"/> 2	Thursday Friday	
		<input type="checkbox"/> 1 <input type="checkbox"/> 2	Thursday Friday	
		<input type="checkbox"/> 1 <input type="checkbox"/> 2	Thursday Friday	
			TOTAL	

Parents name _____ Email: _____

Address _____ City _____ Zip Code _____

Cell Phone _____ Alt Phone _____

Foothill Horizons Outdoor School and the Stanislaus County Office of Education cannot be responsible for any injuries received by students while engaged in any sports, athletics, or unorganized play, beyond assurance that the injury will receive prompt professional care. In case of accident or sickness, Foothill Horizons Outdoor School has my authorization to secure such medical attention for the above named camper as is deemed necessary.

Parent Signature: _____ Date: _____

Payment Type: Invoice school or Check

Please invoice my school: _____
We are established vendors with Hickman Charter, Connecting Waters, Gateway Academy. You are responsible for working with your school to ensure payment.

Check enclosed

Cancelation policy for individual registrations

All registrations will be considered completed 20 days before the start date. Cancelations after 30 days before the start date will be non-refundable.

Cancelations before 30 days before the start date will be fully refundable, minus a \$30 cancelation fee.

Refunds will not be issued retroactively for campers who miss periods of the camp due to illness, injury, or conflicting activities.

By completing this registration I acknowledge that I have read these terms and agree to them.



FOOTHILL HORIZONS OUTDOOR SCHOOL STUDENT HEALTH INFORMATION & PERMISSION



FORM MUST BE COMPLETED on both sides and SIGNED IN INK BY GUARDIAN

Name of Student _____ Date Of Birth _____ Male Female

School _____ Teacher _____

PLEASE CHECK A BOX FOR EVERY QUESTION AND **EXPLAIN ANY YES ANSWERS.**

YES NO

1. Does your child have any **health concerns** that might affect his/her care, such as asthma, diabetes, convulsive seizures, hearing or vision loss, etc.? Describe:

2. Does your child have any behavioral or learning diagnoses? Describe:

3. Does your child **take any medications**? If YES, you **MUST** have the **“Request for Administration of Medication at Outdoor School”** form completed and signed by your child’s Health Care Provider for **BOTH** prescription and over the counter medications (i.e. Benadryl, Tylenol, Ibuprofen, anti-itch creams, vitamins, etc.).

4. Do you have any **serious allergies** to foods, insect stings, medications, or other substances?
If YES, what are you allergic to?

Allergen:	life threatening: <input type="checkbox"/> Yes <input type="checkbox"/> No	Epi Pen <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Contact/touch <input type="checkbox"/> Ingestion/eating <input type="checkbox"/> Airborne/inhalation
	life threatening: <input type="checkbox"/> Yes <input type="checkbox"/> No	Epi Pen <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Contact/touch <input type="checkbox"/> Ingestion/eating <input type="checkbox"/> Airborne/inhalation
	life threatening: <input type="checkbox"/> Yes <input type="checkbox"/> No	Epi Pen <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Contact/touch <input type="checkbox"/> Ingestion/eating <input type="checkbox"/> Airborne/inhalation
	life threatening: <input type="checkbox"/> Yes <input type="checkbox"/> No	Epi Pen <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Contact/touch <input type="checkbox"/> Ingestion/eating <input type="checkbox"/> Airborne/inhalation

5. SPECIAL DIETS: Are there foods you CANNOT eat? no beef no pork vegetarian vegan
 other _____ For multiple and or life threatening allergies email Skaye@stancoe.org a description. All Special Diets must be in writing. Refer to Special Diet Policy on our website.

6. Are there any limits to your child’s **physical activity** (broken limbs, adapted PE, etc.)?
If YES, please ask your Health Care Provider to fill out the **Limited Activities List** (found on the Parents’ Page at www.foothillhorizons.com).

7. Is your child covered by **health insurance**? If YES, please list carrier and policy number.
Carrier: _____ Policy Number: _____

If your child takes **MEDICINE**, s/he will not be able to attend outdoor school unless your Health Care Provider correctly completes the “Request for Administration” form (found on the Parents’ Page at www.foothillhorizons.com). Your school’s supervisor of health must review the “Request” form(s) and sign them before your child attends. All medication must be delivered to your child’s school in a pharmacy-labeled container with the child’s name, name of medication, and instructions for administration on the label. If you have questions about medications please contact our health office: 209-532-6673.

OVER

PLEASE FILL IN COMPLETELY:

STUDENT'S NAME _____ Date of Birth _____

Student's Address _____
Street City Zip Primary/Home Phone

Parents'/Legal Guardians' Names _____
(If more than one adult, please list both names)

Mailing Address _____

Work Phone #1 () _____ Work Phone #2 () _____

Cell () _____ E-mail _____

Emergency Contacts: people who, in an emergency, accept responsibility for your child if s/he needs to be picked up.

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name of Child's Doctor _____ Phone # _____ Fax # _____
(If none, state "None")

We need to know if your child is protected against tetanus. Has your child had a recent diphtheria, pertussis, tetanus (Tdap) immunization or diphtheria, tetanus (Td) immunization? ____ Yes ____ No

If YES, when was the last booster given? Date Month: _____ Day: _____ Year: _____

AUTHORIZATIONS AND DISCIPLINE POLICY AT FOOTHILL HORIZONS

A THREE-STEP DISCIPLINE POLICY IS USED AT THE OUTDOOR SCHOOL:

- FIRST OFFENSE: The student will have a conference with his/her teacher.
- SECOND OFFENSE: The student will call and tell you how he/she has misbehaved.
- THIRD OFFENSE: The student will call to tell you that you need to take him/her home.

I have read and understood the above consequences for breaking the rules established at the Outdoor School, and I understand that I will be required to transport my child home immediately should a third offense take place. Depending upon the seriousness of the behavior, a student may skip to third offense. Students sent home for discipline **will not** receive a refund.

Parents will be notified of any illness or injury to their child and appropriate care will be given. In the event of an emergency in which I cannot immediately be reached, I authorize medical and/or surgical care for my child while he/she is attending or en route to or from the Stanislaus County Office of Education Program.

I understand that if it is determined that my child has a communicable disease, fever, live lice, or is unable to participate in the program I will be required to **transport him/her home immediately**.

I give consent to Stanislaus County Office of Education (SCOE) and/or Foothill Horizons Outdoor School to **photograph, record, or videotape** my child's image and voice. I understand and agree that this may include his or her likeness and/or voice in public displays, downloadable video slide shows, our website, pamphlets or other media that may be reproduced for use by SCOE, Foothill Horizons Outdoor School or other agencies with the approval of SCOE. I further agree to release, defend, and hold harmless such agencies, its staff, SCOE and/or Foothill Horizons Outdoor School and its staff, as well as any agent that may be designated from any damage or cause of action, which may result from the use of my child's image or voice in any of its projects. This includes, but is not limited to, any cause of action related to invasion of privacy.

Signature of Parent or Legal Guardian

Signature of Student

IMPORTANT: THIS FORM MUST BE SIGNED IN ORDER FOR YOUR CHILD TO ATTEND FOOTHILL HORIZONS OUTDOOR SCHOOL.



FOOTHILL HORIZONS

HOMESCHOOL PARENT INFORMATION Preparing your children for their adventure

We are delighted to welcome your children to Foothill Horizons Outdoor School for our Homeschool program. The following information will be useful in preparing your child for their trip away from home. For more information call 209-532-6673 or email skaye@stancoe.org

For dates and times, please see most current Homeschool flyer on our website

DROP OFF / PICK UP

Drop off: 9:30 am, Oak building

Arrive on time. Foothill buses will be departing along our driveway at 9:15. As our driveway is narrow, please pull over to allow our buses to pass.

Park in the main parking lot. Walk your child toward the flagpole and turn left on the gravel road. The dark brown building is Oak.

Sign in your child with the Foothill Horizons Naturalist. If someone is picking up your child who is not on the sign in sheet, write their name in the comment section.

If you are late, please check in at the business office and we will connect you with the adventuring class. Naturalist will leave the drop off location after 15 min.

Pick up: 3:00 pm Oak building

Arrive on time. Our buses will be returning at 3:45, please pull over to let the bus pass. Students may be wet or muddy.

WHAT TO PACK:

Each day your child should have appropriate gear for being outside! Students should wear:

- Extra clothes (can be stored at Foothill)
- Closed toed shoes
- Sunscreen applied and in the backpack
- Clothing that can get muddy or wet
- Sun hat (optional)
- Bug spray (optional)
- In your child's backpack:
 - Water
 - Lunch
 - 2 snacks
 - Warm layers, as needed

FOOD

Children should pack two snacks, a healthy lunch and water. Food should fit into a backpack to allow students to eat on the trail. As we are educating children on their impact on the earth, please reduce waste from lunch.

Due to the number of food allergies and sensitivities, students will be discouraged from sharing food. We will not be serving food to your children; however, children may taste small bits of wild edibles, such as berries or miners lettuce. Children will not taste any wild edibles without expressed permission from the Naturalist.

BEHAVIOR

Each student and family signs a discipline contract on the back of the Health Form. Students are expected to treat others with respect, follow directions, use school appropriate language, and use communication to solve conflict. Please refer to attached behavior expectations and the Foothill Five.

When students do not respond to verbal reminders of appropriate behavior, students may be moved closer to the adult or asked to miss all or part of an activity. Depending upon the severity of the behavior, students may receive a formal written Step. For more information, refer to attached 3 Step discipline process, summarized here:

- Step 1: The student has a conference with his/her Naturalist. You will be notified at the end of the day.
- Step 2: The student calls home during the day.
- Step 3: The student must go home and miss the remaining activities of the day. Students may or may not be allowed to attend following sessions.

CONTACTING YOUR CHILD

Outdoor school provides an excellent opportunity for students to gain independence in a supportive, safe environment. Children are not allowed to have cell phones, which can be concerning for parents. We will contact you in the event of an emergency, illness or injury.

If you need to contact your child while at Foothill, please call and we will get you in contact with your child.

HEALTH CARE PROVIDED

We strive to provide exceptional care for every student who attends the program. On the Student Health Form write any medical needs, medications, and recent illness or injuries. Our health office staff is available to help students. All staff are trained in CPR and First Aid.

If your child becomes ill or injured while at Foothill Horizons, you will be notified and/ or called to pick up your child.

STUDENTS WITH SPECIAL NEEDS & SERIOUS HEALTH CONCERNS

All children deserve the Foothill experience. If your child requires individualized support such as a one to one aide or has a serious health concern, such as diabetes, seizure disorder, heart condition, chronic illness, or severe physical limitations, contact Foothill 6 weeks in advance of your child attending. Additional forms may be required. We welcome all children.

CHILDREN'S MEDICATION

If your child needs to take ANY KIND of medication (including over the counter drugs like Tylenol, Benadryl, vitamins, Tums, cough drops, etc.), you must have your doctor fill out our "**Request for Administration of Medication at Outdoor School**" available at our website. One month before your child attends, start completing the medication form. You will need to:

1. Read and complete the form accurately.
2. Have it signed by your doctor and a parent
3. Package the form and medication in the original container in a bag.
4. Deliver that medication to your school to be reviewed by your school nurse.