

PARENT RESPONSIBILITIES WITH NCDNPE

School of Living Arts (SOLA) Statement of Approach to Education and Intentions

As a group of parents and parent-teachers, we believe that a sacred connection exists between children and the natural world, including the rhythms of change throughout the seasons of the year. We have chosen to create a cooperative learning environment for our children that includes farm activities, gardening, outdoor exploration, traditional crafts and lore, and over-all immersion in the natural world. We wish for our children's learning to include seasonally thematic activities and academics which appropriately meet their developmental needs and bring forth their innate, natural gifts. So that we may best serve the above intentions, we have chosen to gather and form this learning co-operative whereby we might self-select a physical environment to host SOLA programming and establish our own qualifications for hiring prospective teachers.

As a member of the SOLA cooperative,

- I understand that I am responsible for registering as a 'homeschool' on behalf of my child/ren, age 7 and older with the North Carolina Department of Non-Public Education
- I understand that I am responsible for keeping attendance records for my child.
- I understand that I am responsible for my child receiving end-of-year testing, and retaining records of said test results.
- I understand that I am responsible for keeping immunization records for my child.
- I agree to collaborate with the parent body and teachers at SOLA to meet these requirements for my child.

Parent Name:	
Parent Signature:	
Date:	

FIELDWORK PERMISSION & WAIVER

My child _____ has my permission to attend all field trips planned and accompanied by SOLA teachers and volunteers.

I, the undersigned, hereby release Sacred Mountain Sanctuary, SOLA, its staff, and any volunteers of any liability incurred to myself or member of my family as a result of participation in any planned field trips.

Parent/Guardian (Print)	
Parent/Guardian (Signature)	
Date	

PHOTO PERMISSION

____ **Yes**, I grant permission to use photos of my child on School of Living Arts websites, bulletin boards, newsletters and other publicity materials.

____ **No**, I do **not** grant permission for pictures of my child to be used.

Child's Name (please print)	
Parent/Guardian's Name (please print)	
Parent/Guardian's Signature	
Date	

TRANSPORTATION PERMISSION/WAIVER

My child _____ has my permission to be transported to and from SOLA in the transportation van and accompanied by SOLA, teachers, staff and/or volunteers.

I hereby agree to release SOLA, Sacred Mountain Sanctuary, its representatives and/or fellow parents for liability related to injury to said student while traveling to and from the SOLA campus. The driver's license is valid and current, and he/she has a clean driving record. The SOLA transportation vehicle is insured and registered in the State of North Carolina.

Parent/Guardian (Print)	
Parent/Guardian (Signature)	
Date	

FIRST AID & MEDICAL EMERGENCIES

Name of Child	
Home Address	
DOB	
#1 Emergency Contact: Name	
#1 Emergency Contact: Phone	
#2 Emergency Contact: Name	
#2 Emergency Contact: Phone	
Hospital Preference	
Insurance Company	
Policy Number	
Primary Care Physician	
Primary Care Physician Phone	
Dentist	
Dentist Phone Number	
Does your child have ANY allergies? (to food(s), medications, etc.) If yes, please list and explain	
Is your child currently taking any medications? If yes, please list and explain.	

I Do/ Do Not (please circle one) authorize SOLA, its employees and/or my fellow cooperative parents to administer basic homeopathic and traditional first aid to my son/daughter as needed. This first aid includes but is not limited to the following:

- Arnica (for bruising/pain)
- Hydrogen Peroxide
- Antibacterial Ointment/Spray
- Anti-itch cream
- Benadryl (to be used in the case of severe allergic reaction only)

In case of emergency, I know every effort will be made to contact me, parent/guardian. In the event I cannot be reached, I give permission to the physician selected by SOLA staff to hospitalize, secure treatment, and to order injection, anesthesia, or surgery for my child as named above.

Childs Name, Printed	
Parent Name, Printed	
Signature	
Date	