

**TRAILS Program**  
Enrollment Packet - Page 1 of 9

Participant's  
Name:

*First*

*Middle*

*Last*

*DOB*

# TRAILS

*Tierra's Recreational Arts and Independent Life Skills Program*

## REGISTRATION

If you have any questions about this process, please contact **Nicole Haskey, Program Director**  
at **(509) 548-1200 ext. 4**, or email [Nicole@tierralearningcenter.org](mailto:Nicole@tierralearningcenter.org)  
or visit our web-site: [www.tierravillage.org](http://www.tierravillage.org)

**Select** your preferred days:

I am interested in the following - **FIRST CHOICE:**

Check Participation Day(s):  Tuesday    Wednesday    Thursday    All Three

I am interested in the following - **SECOND CHOICE:**

Check Participation Day(s):  Tuesday    Wednesday    Thursday

Enroll Now
<b>1. Complete the full Enrollment Packet.</b>
<b>2. Please send Enrollment Packet + Fee (\$25.00) to:</b> Tierra Village 11864 Sunitsch Canyon Road Leavenworth, WA 98826
<b>3. Remit Payment On or Before First Day of Session:</b> Tuition: See Rate Sheet

**TRAILS Program**  
Enrollment Packet - Page 2 of 9

Participant's  
Name:

\_\_\_\_\_

*First                      Middle                      Last                      DOB*

**PARTICIPANT AND FAMILY INFORMATION**

Participant's Information:	
Home Address: _____	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
City: _____	Height: _____
State: _____	Weight: _____
Zip: _____	Distinctive Marks: _____
	Diagnosis: _____

Parent/Guardian 1:	Parent/Guardian 2:
First Name: _____	First Name: _____
Middle Name: _____	Middle Name: _____
Last Name: _____	Last Name: _____
*Phone 1: _____	*Phone 1: _____
Phone 2: _____	Phone 2: _____
Email: _____	Email: _____
Home Address: _____	Home Address: _____
City: _____	City: _____
State: _____	State: _____
Zip: _____	Zip: _____
<i>*Best way to reach you while participant in program.</i>	

**Parent marital status:**

- Single     
  Married     
  Domestic Partnership     
  Separated     
  Divorced

**If participant lives with someone other than parents, please explain:**

**TRAILS Program**  
Enrollment Packet - Page 3 of 9

Participant's  
Name:

\_\_\_\_\_

*First                      Middle                      Last                      DOB*

*After parents/guardians, other people to notify in case of emergency, in priority order:*

<b>In Case of Emergency Contact 1:</b>	<b>In Case of Emergency Contact 2:</b>
First & Last Name: _____	First & Last Name: _____
Relationship: _____	Relationship: _____
Phone 1: _____	Phone 1: _____
Phone 2: _____	Phone 2: _____
Phone 3: _____	Phone 3: _____
Home Address: _____	Home Address: _____
City: _____	City: _____
State: _____	State: _____
Zip: _____	Zip: _____

**ADDITIONAL INFORMATION**

<b>I may need some help...</b>
<b>Dressing</b>
<input type="checkbox"/> Independent <input type="checkbox"/> Verbal Direction <input type="checkbox"/> Physical Assistance <input type="checkbox"/> Total Assistance
Clarification of above needs: _____
_____
<b>Toileting</b>
<input type="checkbox"/> Independent <input type="checkbox"/> Verbal Direction <input type="checkbox"/> Physical Assistance <input type="checkbox"/> Total Assistance
Clarification of above needs: _____
_____
<b>Eating</b>
<input type="checkbox"/> Independent <input type="checkbox"/> Verbal Direction <input type="checkbox"/> Physical Assistance <input type="checkbox"/> Total Assistance
Clarification of above needs: _____
_____

<b>Mobility</b>
<input type="checkbox"/> Independent <input type="checkbox"/> I need physical support
<input type="checkbox"/> I use assistive equipment (please list)
<input type="checkbox"/> I use a wheelchair <input type="checkbox"/> Manual <input type="checkbox"/> Electric

**TRAILS Program**  
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**Participant's Name:**

*First*

*Middle*

*Last*

*DOB*

<p><b>I like to do:</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Art/Crafts</td> <td><input type="checkbox"/> Hiking</td> </tr> <tr> <td><input type="checkbox"/> Board/Card Games</td> <td><input type="checkbox"/> Music</td> </tr> <tr> <td><input type="checkbox"/> Cooking</td> <td><input type="checkbox"/> Nature Exploration</td> </tr> <tr> <td><input type="checkbox"/> Dancing</td> <td><input type="checkbox"/> Sensory Activities</td> </tr> <tr> <td><input type="checkbox"/> Fishing</td> <td><input type="checkbox"/> Sports</td> </tr> <tr> <td><input type="checkbox"/> Group Activities</td> <td><input type="checkbox"/> Swimming</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other:</td> </tr> </table>	<input type="checkbox"/> Art/Crafts	<input type="checkbox"/> Hiking	<input type="checkbox"/> Board/Card Games	<input type="checkbox"/> Music	<input type="checkbox"/> Cooking	<input type="checkbox"/> Nature Exploration	<input type="checkbox"/> Dancing	<input type="checkbox"/> Sensory Activities	<input type="checkbox"/> Fishing	<input type="checkbox"/> Sports	<input type="checkbox"/> Group Activities	<input type="checkbox"/> Swimming	<input type="checkbox"/> Other:		<p><b>I do not like or may be afraid of:</b></p> <table style="width: 100%; border: none;"> <tr> <td colspan="2"><input type="checkbox"/> Animals: _____</td> </tr> <tr> <td><input type="checkbox"/> Buses</td> <td><input type="checkbox"/> Water</td> </tr> <tr> <td><input type="checkbox"/> Change in Schedule</td> <td><input type="checkbox"/> Nurses/Doctors</td> </tr> <tr> <td><input type="checkbox"/> Emergency Vehicles</td> <td><input type="checkbox"/> Storms</td> </tr> <tr> <td><input type="checkbox"/> Insects</td> <td><input type="checkbox"/> The Dark</td> </tr> <tr> <td><input type="checkbox"/> Large Groups</td> <td><input type="checkbox"/> Toileting</td> </tr> <tr> <td><input type="checkbox"/> Loud Noises</td> <td></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other:</td> </tr> </table>	<input type="checkbox"/> Animals: _____		<input type="checkbox"/> Buses	<input type="checkbox"/> Water	<input type="checkbox"/> Change in Schedule	<input type="checkbox"/> Nurses/Doctors	<input type="checkbox"/> Emergency Vehicles	<input type="checkbox"/> Storms	<input type="checkbox"/> Insects	<input type="checkbox"/> The Dark	<input type="checkbox"/> Large Groups	<input type="checkbox"/> Toileting	<input type="checkbox"/> Loud Noises		<input type="checkbox"/> Other:	
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<p><b>I could become upset because:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I am too hot or cold</li> <li><input type="checkbox"/> I am not getting my way</li> <li><input type="checkbox"/> I am being told "NO"</li> <li><input type="checkbox"/> I feel that I am in a "NOT FAIR" situation</li> <li><input type="checkbox"/> I am being asked to wait</li> <li><input type="checkbox"/> I am afraid</li> <li><input type="checkbox"/> I am being asked to take turns</li> <li><input type="checkbox"/> I am trying to communicate and I am not being understood</li> <li><input type="checkbox"/> There is a change in my schedule</li> <li><input type="checkbox"/> Someone is bossing me around</li> <li><input type="checkbox"/> I am in a crowd</li> <li><input type="checkbox"/> I am ill</li> <li><input type="checkbox"/> I am asked to share</li> <li><input type="checkbox"/> I am hungry/thirsty</li> <li><input type="checkbox"/> Other:</li> </ul>	<p><b>My frustrations may appear by:</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Bad Language</td> <td><input type="checkbox"/> Kicking</td> </tr> <tr> <td><input type="checkbox"/> Biting Others</td> <td><input type="checkbox"/> Refusing to Move</td> </tr> <tr> <td><input type="checkbox"/> Biting Self</td> <td><input type="checkbox"/> Running Away</td> </tr> <tr> <td><input type="checkbox"/> Crying</td> <td><input type="checkbox"/> Scratching</td> </tr> <tr> <td><input type="checkbox"/> Food Stealing</td> <td><input type="checkbox"/> Screaming</td> </tr> <tr> <td><input type="checkbox"/> Hair Pulling</td> <td><input type="checkbox"/> Spitting</td> </tr> <tr> <td><input type="checkbox"/> Hiding</td> <td><input type="checkbox"/> Stealing</td> </tr> <tr> <td><input type="checkbox"/> Hitting</td> <td><input type="checkbox"/> Throwing Things</td> </tr> <tr> <td><input type="checkbox"/> Homesickness</td> <td><input type="checkbox"/> Undressing</td> </tr> <tr> <td><input type="checkbox"/> Wandering</td> <td><input type="checkbox"/> Inappropriate Touch</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other:</td> </tr> </table>	<input type="checkbox"/> Bad Language	<input type="checkbox"/> Kicking	<input type="checkbox"/> Biting Others	<input type="checkbox"/> Refusing to Move	<input type="checkbox"/> Biting Self	<input type="checkbox"/> Running Away	<input type="checkbox"/> Crying	<input type="checkbox"/> Scratching	<input type="checkbox"/> Food Stealing	<input type="checkbox"/> Screaming	<input type="checkbox"/> Hair Pulling	<input type="checkbox"/> Spitting	<input type="checkbox"/> Hiding	<input type="checkbox"/> Stealing	<input type="checkbox"/> Hitting	<input type="checkbox"/> Throwing Things	<input type="checkbox"/> Homesickness	<input type="checkbox"/> Undressing	<input type="checkbox"/> Wandering	<input type="checkbox"/> Inappropriate Touch	<input type="checkbox"/> Other:									
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<p><b>I communicate best:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Non Verbally</li> <li><input type="checkbox"/> Verbally</li> <li><input type="checkbox"/> Writing Notes</li> <li><input type="checkbox"/> Using gestures/pointing</li> <li><input type="checkbox"/> Using simple words</li> <li><input type="checkbox"/> Using simple signs</li> <li><input type="checkbox"/> Using body language and facial expressions</li> <li><input type="checkbox"/> Using a communication device*</li> </ul> <p style="text-align: center;">Will this be sent with participant?</p> <p style="text-align: center;"><input type="checkbox"/> yes      <input type="checkbox"/> no</p> <p><input type="checkbox"/> Other:</p>	<p><b>You can help me by:</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Offering me quiet space</td> <td><input type="checkbox"/> Using a picture prompt or schedule</td> </tr> <tr> <td><input type="checkbox"/> Offering me water</td> <td><input type="checkbox"/> Providing deep pressure</td> </tr> <tr> <td><input type="checkbox"/> Offering choices</td> <td><input type="checkbox"/> Taking a break inside</td> </tr> <tr> <td><input type="checkbox"/> Speaking calmly and in a quiet voice</td> <td><input type="checkbox"/> Providing sensory input (swings, jumping, running)</td> </tr> <tr> <td><input type="checkbox"/> Using fewer words</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Talking to me about why I'm upset</td> <td></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other:</td> </tr> </table>	<input type="checkbox"/> Offering me quiet space	<input type="checkbox"/> Using a picture prompt or schedule	<input type="checkbox"/> Offering me water	<input type="checkbox"/> Providing deep pressure	<input type="checkbox"/> Offering choices	<input type="checkbox"/> Taking a break inside	<input type="checkbox"/> Speaking calmly and in a quiet voice	<input type="checkbox"/> Providing sensory input (swings, jumping, running)	<input type="checkbox"/> Using fewer words		<input type="checkbox"/> Talking to me about why I'm upset		<input type="checkbox"/> Other:																	
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<input type="checkbox"/> Other:																															
	<p><b>I may exhibit sexual behavior:</b></p> <p style="text-align: center;"><input type="checkbox"/> yes      <input type="checkbox"/> no</p> <p>If yes, please explain:</p>																														

**TRAILS Program**  
Enrollment Packet - Page 5 of 9

**Participant's  
Name:**

---

*First*

*Middle*

*Last*

*DOB*

1. Why does the participant want to join this program? What are some goals that they have in mind for this ten week program? We will strive to maintain these same goals.
  
2. What types of things does the participant usually choose not to do? Why/why not?
  
3. What types of support does the participant need to follow instructions?
  
4. Do you have any safety concerns regarding the participant?
  
5. Please list any allergies, dietary restrictions, medical concerns, or behavioral issues that TRAILS should be aware of :
  
6. What have we not asked, that we should know about, for your participant to have a thoroughly positive experience?

**TRAILS Program**  
Enrollment Packet - Page 6 of 9

Participant's  
Name:

*First*

*Middle*

*Last*

*DOB*

**Permissions Agreement**

Initial (Consent)	Date	Authorizing Consent
----------------------	------	---------------------

**Consent to use photos:** I understand there are occasions when photographs of my child will be taken by TRAILS staff and volunteers. I give consent: (1) for my child to be photographed and/or videotaped while attending TRAILS; and (2) for TRAILS to use such photographs only for the sole purpose of enriching the program (via websites, or in publications including, but not limited to brochures, annual reports, and newsletters). The photos will not be used for any other purposes without written authorization from parents.

\_\_\_\_\_

**Authorization to drive participant off-site:** I give consent for the participant to drive with TRAILS staff/volunteers off-site.

\_\_\_\_\_

**Nature hikes:** I give consent for the participant to participate in nature hikes with Tierra Village staff and volunteers as part of TRAILS' outdoor learning program. (Destinations around Tierra Learning Center may include: nature trails, amphitheater, chickens, teepees, lavender garden, community garden, trails and tennis courts.)

\_\_\_\_\_

**Application of insect repellent:** I authorize the application of insect repellent to exposed skin and clothing when entering areas with known mosquito activity. I will provide insect repellent and write the participant's name on his/her insect repellent with a permanent marker.

\_\_\_\_\_

**Application of sunscreen:** I authorize the application of sunscreen to exposed skin by Tierra Village staff before going outside on warm sunny days. I will: (1) provide a sunscreen with a sun protection factor of 15 or more (recommend Paraben-free) and (2) write the participant's name on his/her sunscreen container with a permanent marker.

\_\_\_\_\_

**Other than parents/guardians, who has permission to pick up the participant?**

First & Last Name: _____	First & Last Name: _____
Relationship: _____	Relationship: _____
Phone 1: _____	Phone 1: _____
Phone 2: _____	Phone 2: _____
First & Last Name: _____	First & Last Name: _____
Relationship: _____	Relationship: _____
Phone 1: _____	Phone 1: _____
Phone 2: _____	Phone 2: _____

**TRAILS Program**  
Enrollment Packet - Page 7 of 9

Participant's  
Name:

\_\_\_\_\_

*First                      Middle                      Last                      DOB*

**Who DOES NOT have permission to pick up the participant?**

First & Last Name: _____	First & Last Name: _____
Relationship: _____	Relationship: _____
Reason: _____	Reason: _____

\_\_\_\_\_  
Parent or Guardian Signature and Date

\_\_\_\_\_  
Parent or Guardian Signature and Date

**HEALTH AND MEDICAL INFORMATION**

Parent/Guardian 1:	Parent/Guardian 2:
First & Last Name: _____	First & Last Name: _____
*Phone 1: _____	*Phone 1: _____
<i>*Best way to reach you during program hours.</i>	

Health Care Provider:	Dental Care Provider:
Dr: _____	Dr: _____
Name of Practice: _____	Name of Practice: _____
Phone 1: _____	Phone 1: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____	State: _____
Zip: _____	Zip: _____
Date of Last Exam: _____	Date of Last Exam: _____

**Medical Insurance Coverage**

Insurance Co. Name: _____
Member Policy No.: _____
Policy Holder Name: _____
Employer Name: _____

**Special Health Concerns**

	Yes	No	If yes, please describe:
Allergies, including drug reactions:	<input type="checkbox"/>	<input type="checkbox"/>	
Regular Medications:	<input type="checkbox"/>	<input type="checkbox"/>	
Glasses:	<input type="checkbox"/>	<input type="checkbox"/>	When should they be worn:
Known physical, emotional, or learning disabilities:	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	

**TRAILS Program**  
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Participant's

<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>DOB</i>

Medication Permission		
I agree, and by my signature authorize staff at Tierra Village to administer the following prescription medications to my child as needed and per directions on label of medications.		
Name of Medication	Dose	Physicians Name

**Parent or Guardian Signature and Date**
**Parent or Guardian Signature and Date**

Consent to medical care and treatment of Adults with Special Needs:	Non-Consent Plan:
<p>In case of emergency, I prefer that the participant be given treatment at facility: _____ in the city of: _____. When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed on the participant by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard the participant's health. I waive my right of informed consent to such treatment. I also give my permission for the participant to be transported by ambulance or aid car to an emergency center for treatment.</p>	<p>I <b>DO NOT</b> give consent for emergency medical aid/treatment in the case of injury or illness while receiving services on Tierra Village's property. I wish the following to take place:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>PLEASE CHECK ONE BOX FOR MEDICAL TREATMENT RELEASE</b></p> <p> <input type="checkbox"/> <b>CONSENT</b> <span style="margin-left: 200px;"><input type="checkbox"/> <b>DO NOT CONSENT</b></span> </p>	
<span style="display: inline-block; width: 90%; border-bottom: 1px solid black; margin-bottom: 5px;"></span> <p><b>Parent or Guardian Signature and Date</b></p>	<span style="display: inline-block; width: 90%; border-bottom: 1px solid black; margin-bottom: 5px;"></span> <p><b>Parent or Guardian Signature and Date</b></p>



**TRAILS Program**  
Enrollment Packet - Page 9 of 9

Participant's  
Name:

\_\_\_\_\_

*First*

\_\_\_\_\_

*Middle*

\_\_\_\_\_

*Last*

\_\_\_\_\_

*DOB*

**Participant/Parent/Guardian Agreement**

Initial	Date	Agreement
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\_\_\_\_\_ **Financial Agreement:** I understand that I am financially responsible for tuition and fees associated with enrolling in TRAILS. Payments are due in advance. If an alternative billing schedule is arranged payments are due on the 15<sup>th</sup> of each month. A late fee of \$20/month will be added to the unpaid balance after 60 days.

\_\_\_\_\_ **Receipt of handbook:** I have received and reviewed the TRAILS Parent/Participant Handbook.

\_\_\_\_\_ **Waiver and release of claims:** As a participant or parent/guardian in this program/activities, I recognize and acknowledge that there are certain risks of physical injury and I voluntarily agree to assume the full risk of any injuries, including death, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of participating in any and all activities connected with or associated with such program/activities held at Tierra Village/ Sunitsch Canyon LLC on or off premises (including transportation services and vehicle operation, when provided). I further agree to waive and relinquish any and all claims I or my child/ward may have as a result of participating in these programs/activities held at Tierra Village/ Sunitsch Canyon LLC, including its independent contractors, officials, agents, volunteers, servants and employees. I do hereby release and forever discharge Tierra Village/ Sunitsch Canyon LLC and any independent contractors, officials, agents, volunteers, servants, and employees from any and all claim of injuries, including death, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of participating in any and all activities connected with or associated with such program/activities held at Tierra Village/ Sunitsch Canyon LLC on or of premises (including transportation services and vehicle operation, when provided). I have read and understand the above waiver and release of claims.

I understand that I am fully responsible for the terms of this agreement as stipulated. I have read, understand, and agree to comply with the policy and procedures given to me by Tierra Village. By signing below, you agree that is a legally binding form. Providing false information will result in termination of services and forfeiture of fees.

\_\_\_\_\_

**Parent or Guardian Signature and Date**

\_\_\_\_\_

**Parent or Guardian Signature and Date**

Tierra Village located at 11864S Sunitsch Canyon Rd., agrees to provide day services according to the above plan. Tierra Village agrees to promptly notify the parent(s) or guardian(s) of any changes to above information.

\_\_\_\_\_

**Provider Signature and Date**