

A Letter to Parents from IslandWood's School Overnight Program Staff

Dear Parents,

We are pleased that your child will be spending time exploring and learning with us at IslandWood. Your child will be staying with us for four days, making discoveries about the natural world and our relationship to it. We are currently working with your child's teachers to make this a wonderful learning experience, one that your child will always remember.

While visiting IslandWood, your child will be living in a heated lodge. All students will share a room with three or four classmates, sleep in bunk beds, and share a bathroom with roommates only. All students have a night light next to their bed that they can turn on or off whenever they wish (and it won't disturb their bunkmates). The teacher and chaperones will sleep at the end of each hall in the same lodge as your child.

A healthy breakfast and dinner will be served in our dining hall where your child will take a turn setting tables, serving the meals, and then cleaning up. Your child will eat at the same table with the same dining group for the whole week, developing new friendships. Lunches will be carried with your child each day and eaten picnic-style out on the trails.

Each day your child will attend classes taught by an IslandWood instructor. Your child's days will be spent mostly outside getting to know a variety of natural wonders, ranging from dragonflies, frogs, and banana slugs to tall cedar trees. Evenings will be spent immersed in more instructor-led learning activities, such as going on a night hike, or sitting around the campfire sharing stories. ***Your child will always be supervised by an adult.***

There are a few things that you can do to make sure that your child has the best time possible while staying with us:

- Help your child pack for the trip using the attached list, "What to Bring! (And What Not to Bring)."
- Make sure your child comes prepared for wet and/or cold weather. If students are prepared, they will have a wonderful time.
- Fill out, sign, and return the enclosed IslandWood Release form promptly to your child's teacher. Include any information on the form that you think would be helpful for us to know about your child in advance, including any dietary or medical information.
- Remind your child that this is a place where they will be learning almost nonstop, so have them bring their curiosity, enthusiasm, and excitement about nature, people, and the world around them.
- Read over the enclosed Behavioral Expectations at IslandWood. Make sure your child is aware of the rules at IslandWood.

We are looking forward to your child's visit!

Frequently Asked Questions

What is the phone number at IslandWood?

The phone number is for emergency use only. To reach the IslandWood main office, call: **206-855-4300**. Office hours are 8:30 am-5:00 pm on weekdays. For after office hours EMERGENCY ONLY, call the main office number above and the message system will prompt you to leave your contact information. The system will then page a staff member who will return your call as soon as possible.

Will my child get plenty of food to eat?

Yes! All children receive three good meals each day. These meals are family style and students can go back for seconds if they are still hungry (even thirds if they are sure they can eat it all). We also provide two snacks in the field during the day. Hungry children are not able to concentrate on learning, so we make sure they are well fed.

What if my child has special dietary needs or food allergies?

If your child has special dietary needs (for cultural or religious reasons) or food sensitivities (like dairy intolerance), include this information in the **dietary** section of the IslandWood release form. Our kitchen staff can accommodate most special dietary needs. If your child has any food allergies, complete the **allergy** section of the IslandWood release form and have your doctor complete the Food Allergy Action Plan. After reviewing the Action Plan, we will contact you if we have any questions/concerns about special food accommodations. On rare occasions, special food may need to be brought from home.

What will my child learn?

We have listened carefully to teachers, parents and administrators in designing our curriculum and activities. We have aligned our curriculum to the Washington State Essential Academic Learning Requirements. We use the outdoors as the classroom for learning about reading, mathematics, communication, science, arts, social science, health, and teamwork. We guarantee that while the children are having fun, they are also learning!

What should my child bring?

Use the enclosed "What to Bring, What Not to Bring" to help your child pack.

What if my child doesn't have something he/she is supposed to bring?

If your child does not have something that is needed, please contact your student's teacher. The teacher will work with IslandWood staff to accommodate your child's needs.

What do our fees cover? *#265. per child*

Fees help to cover tuition, food and lodging, and equipment use. IslandWood has provided scholarships to schools that demonstrate need. Communicate with your child's teacher if you have questions about obtaining scholarship support.

Will I be Able to Visit my Child at IslandWood?

Visitors, including family members, are not allowed. We are a private school and our campus is closed to visitors for the protection of all of the students. Everyone who works at IslandWood has gone through security clearance and wears a badge at all times.

Will my Child be Able to Call Home While at IslandWood?

The students are not allowed to bring cell phones or to use IslandWood phones to call home. In the case of emergency, a staff member will contact you immediately. If your child is experiencing homesickness, your child's teacher will make the decision as to whether or not he or she is allowed to call home. For many children, the overnight experience is as much of a learning experience as the curriculum. Usually if they can get through the first night with comfort and distraction from their teachers and chaperones and classmates, they are able to complete the four days away from home with great pride.

Student Behavioral Expectations at IslandWood To be Read by Students & Parents

- ❑ Each day you will be outside. It is important that each time you leave your lodge you are properly prepared with the required clothing and equipment.
- ❑ You will bring rain gear, a water bottle and a backpack to field study everyday. If you cannot obtain these, IslandWood has them to loan.
- ❑ You will be away from home overnight. We expect you to be independent and responsible for your own belongings and behavior.
- ❑ We expect you to participate at IslandWood in the spirit of cooperation and to contribute positively to the group experience.
- ❑ Each day you will bring your journal and pencil, ready to record your observations and reflections.
- ❑ You will obey the adult in charge, whether it is your classroom teacher, your IslandWood instructor, or the person supervising your dining table.
- ❑ There is no swimming or wading in the pond or estuary.
- ❑ There is no leaving the campus boundaries without an adult from your school.
- ❑ Family members or friends are not allowed to drop in for visits while you are at IslandWood.
- ❑ There is no candy, gum or drinks allowed on campus. IslandWood will provide meals and snacks.
- ❑ You will not bring any cell phones, personal stereos, hand-held video games, or any other electronic devices to IslandWood.
- ❑ Students are not allowed in the sleeping lodges without an adult. Please respect the needs of others:
 - Do not touch anyone else's personal belongings without their permission.
 - Do not enter anyone else's room without permission
 - Observe the Lights Out and Quiet Time from 9:15 p.m. until 6:45 a.m.
- ❑ You must not purposely damage any property at IslandWood. Property includes both manmade elements and the natural environment.
- ❑ Your conduct should be appropriate to a classroom environment and should allow others to learn, to be safe, and to enjoy their learning experience.
- ❑ Please understand that you may be sent home for violating any of IslandWood rules or your school's rules pertaining to the IslandWood trip. If this happens, your parents will be contacted to take you home. Your school will not receive a refund for your portion of the trip.

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DEPARTMENT OF CHEMISTRY

1. The first step in the synthesis of the target molecule is the reaction of the starting material with the reagent to form the intermediate.

2. The second step involves the reaction of the intermediate with the reagent to form the final product.

3. The third step is the reaction of the final product with the reagent to form the final product.

4. The fourth step is the reaction of the final product with the reagent to form the final product.

5. The fifth step is the reaction of the final product with the reagent to form the final product.

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17. The seventeenth step is the reaction of the final product with the reagent to form the final product.

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20. The twentieth step is the reaction of the final product with the reagent to form the final product.

21. The twenty-first step is the reaction of the final product with the reagent to form the final product.

22. The twenty-second step is the reaction of the final product with the reagent to form the final product.

23. The twenty-third step is the reaction of the final product with the reagent to form the final product.

IslandWood Release Form (Child-under 18 years old)

PARENT OR GUARDIAN : PLEASE COMPLETE BOTH SIDES OF THIS FORM IN INK.

STUDENT'S NAME: _____

School/Group: _____ Program Dates: _____

Teacher's Name _____

Participant's Age: _____ Birth Date: _____ Gender: Female Male

Address (include city and zip): _____

Parent/Guardian Name: _____ Day Phone: () _____

Evening Phone: () _____ Cell Phone: () _____ Email: _____

EMERGENCY CONTACT:

Name: _____ Day Phone: () _____

Evening Phone: () _____ Pager/Cell: () _____ E-mail: _____

ACKNOWLEDGEMENT AND RELEASE AUTHORIZATION FOR MEDICAL TREATMENT:

I am familiar with the program for which the participant is registering. I understand that this program involves activities of a physical nature that will take place in an outdoor environment, and may include hiking on trails and rough terrain and in the vicinity of bodies of water, overnight camping and walking on high bridges and canopy walkways. I further understand that there are risks associated with these kinds of activities.

As a condition of participation in this program and/or the use of IslandWood equipment and/or facilities, I agree that I will be fully responsible for any and all personal injuries, property damage, loss of personal property, or any other loss that may result from my child's participation, and I agree not to hold IslandWood responsible, and their respective agents and employees, to the fullest extent permitted by law, for any damages, liabilities or expenses that result from participation in this program and/or the use by the participant of any IslandWood facilities and /or equipment.

If my child is taking any medication, I understand that IslandWood will not be responsible for administering such medication, and that I will be required to make any necessary arrangements for the administering of such medication through the participant's school. I understand that IslandWood's staff has a standing physician's directive that allows the administration of benadryl and epinephrine for severe allergic reactions (anaphylaxis). I hereby give permission to personnel of ISLANDWOOD to authorize any x-rays, tests, procedures, anesthetic, surgery or treatment on behalf of, and to provide or arrange for any transportation of, my child as may be required in the event of an emergency. If I, or the emergency contacts designated previously, cannot be contacted, I hereby give permission to a licensed physician, or other qualified health care provider as may be appropriate, to administer such treatment to my child, the participant, as may be necessary under the circumstances, including the hospitalization of my child.

I certify that I have completed the Health History and Health Questionnaire on the back of this form fully and accurately and accept full responsibility for any errors or omissions.

I certify that my child and I have read the Behavioral Expectations at IslandWood and agree to its terms.

PHOTOGRAPH AUTHORIZATION: I agree that any photographs or video taken by any IslandWood personnel of my child as a program participant shall be the property of IslandWood, and may be used by IslandWood, at its discretion, for any publicity, education, marketing and/or advertising purposes and I hereby consent to and authorize such use without restriction.

I HAVE READ THE AGREEMENT, FULLY UNDERSTAND IT, AND GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN THE PROGRAM IDENTIFIED ABOVE.

Signature of Parent or Legal Guardian: _____ Date: _____

Print Name & Relationship to Participant: _____

BEFORE RETURNING THIS FORM TO YOUR CHILD'S SCHOOL,

Physical Condition:

Please list any non-allergy physical/medical conditions that would be helpful for us to know about this child in an emergency. There is space in the next box for allergies.

Is this child capable of walking 3 miles, with frequent rest stops, in the course of a day?

_____ yes _____ no

Medications:

Is the child taking any medications? _____ yes _____ no

If yes, please list and describe:

Name of Medication	Dosage & Instructions
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

Is the child current on tetanus injections? _____ yes _____ no

Allergies

List any foods that the child is allergic to and cannot eat. IF THE CHILD HAS ANY FOOD ALLERGIES, A *FOOD ALLERGY ACTION PLAN* MUST BE COMPLETED BY A PHYSICIAN & ATTACHED TO THIS FORM.

Please indicate any non-food allergies that the child has.

Dietary Preferences

(This is for food preferences & sensitivities only. IF YOUR CHILD HAS FOOD ALLERGIES, COMPLETE THE BOX ON THE LEFT.)

Please circle any that apply:

Vegetarian

Vegan

No pork

No red meat

No nuts

No dairy or limited dairy (lactose intolerant)

No wheat

Other: _____

Miscellaneous

Is there anything else that you believe it is important we know in regards to this child's participation in this program? If so, please describe:

Health Care

Name of physician: _____

Physician's telephone: _____

Is child covered by any medical insurance: _____ yes _____ no

If so:

Carrier: _____

Group # _____

I.D. # _____

Subscriber Name _____

*****Please read and sign the front of this page.*****