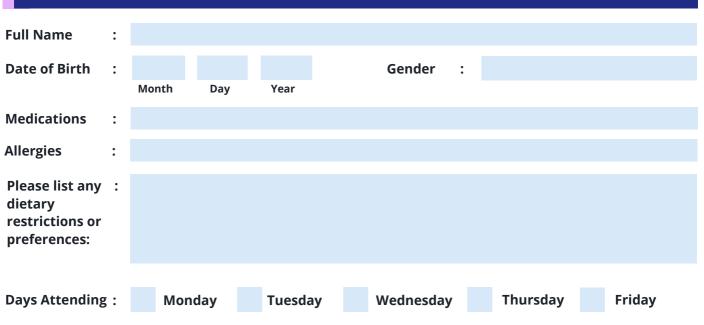
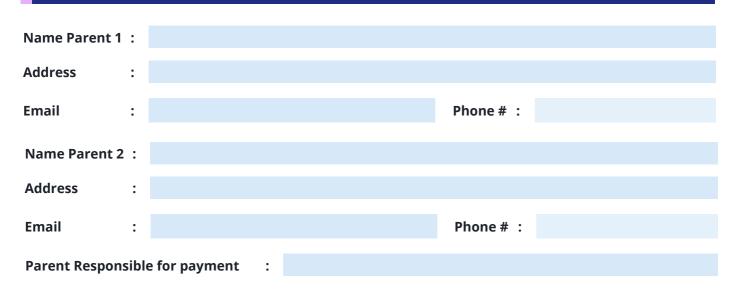
For 2025-2026

CHILDS INFORMATION



PARENTS INFORMATION





RISINGMOONMEADOWS.COM



LEARNING NEEDS

Does your child [:] have any special learning needs?	
How does your : child like to learn best?	
What does your : child LOVE to do/play/create?	
When is your : child most : engaged, joyful, focused, and thriving?	
What are some [:] priorities for your child's education?	
What are your : family's priorities for developing the whole child?	
What kind of : involvement does your family wish to have with our program?	



LEARNING NEEDS CONTINUED

Does anyone in : your family have skills, talents, or knowledge they would like to share on a regular or special occasion basis?		
Is there : anything else you want us to know about your child or family?		

PHOTO/VIDEOS

Can we use photos/videos of your child in promotional materials?

Group Shots Only

No



EMERGENCY CONTACTS



MEDICAL RELEASE

It is understood that consent is given in advance of any emergency, diagnosis or treatment required while the student is participating in Rising Moon Meadow's learning center and activities associated. This medical release form authorizes designated personnel to exercise their best judgement should action be warranted to ensure student's safety, life and health.

Please describe any : special beliefs, situations, and information you would want us to know in the case of a medical emergency					
Any additional :					
comments					
Name of Guardian or Parent :					
Signature :		Date :			