



# BEN Student Information Form

2019-2020

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: M  or F

Teacher's Name: \_\_\_\_\_ School: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Cell/ Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Cell/ Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Father's Email: \_\_\_\_\_

Residential address: \_\_\_\_\_

Please list below any of your child's health concerns that the Bermuda Education Network staff should be aware of (i.e. any physical disabilities or impairments, current medications, seasonal, food or other allergies, etc.):

---

---

---

Can your child swim (please tick one)? Yes  No

If yes, please indicate your child's level of swimming ability (e.g. beginner, intermediate, advanced)

---

*(While it is not a requirement that your child be able to swim, it is important for you to know that there are expeditions that your child may participate in that will involve swimming.)*

## Waiver of Liability

I hereby waive any and all rights and claims for damages against the Bermuda Education Network, its staff and its volunteers in relation to any injury, sickness, loss, misfortune or damage which may occur in the execution of their respective duties.

In the event that my child experiences injury or sickness during an expedition, I hereby grant the Bermuda Education Network staff permission to arrange for medical treatment for my child. If such a situation arises, I hereby request that the Bermuda Education Network staff contact me as soon as possible.

Parent/Guardian Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Parent Agreement

## **About the Horizons Program**

The Horizons program is a program provided by the Bermuda Education Network (“BEN”) to children in grades P5 at our eight (8) partner schools. As part of the program, P5 students will take part in expeditions across the island on a monthly basis. The expeditions will take place during school hours; and it is our goal to help your child achieve their full potential while at primary school and to help prepare them for middle school.

## **Expeditions and parent workshops**

The Horizons program takes students on an expeditionary learning journey using field trip locations, which illuminate topics from Bermuda’s past and present. All expeditions are linked to curriculum topics and use experiential learning techniques to promote curiosity and engagement. Many of the Horizons expeditions take place outdoors and use character-building activities and teamwork to support the students’ social emotional growth.

Parent Workshops will be offered per term and

At Horizons, an expedition is a lesson, which incorporates:

- Learning outside the classroom
- Challenging situations that boost independence and self-efficacy
- Physical or kinesthetic elements
- Experiential ways of learning

## **Transportation to Expeditions**

As part of the Horizons program, your child will be transported during the school day to off sight locations via a minivan service that is contracted by BEN. An adult chaperone (either a BEN employee or a teacher from your child’s school) will be on the bus throughout the duration of the ride.

## **Program Requirements**

It takes a village to raise a child! BEN is a small charity and we depend on parents and volunteers to help support the school community. By agreeing to the following program requirements, you are helping us to steer your child towards success.

1. I agree to let my child ride the BEN contracted minivan service to and from the expeditions.
2. I agree to provide a working home telephone or cell phone number as well as residential address and an email address and will keep BEN up to date of any changes to any of the above.
3. I agree to disclose all learning challenges, behavioral problems or disorders and medical conditions including allergies that affect my child.



4. I understand that BEN will endeavor to protect my family's privacy, but as a registered charity, BEN is subject to mandatory reporting requirements under charity and child protection legislation.

5. I agree that unless I notify BEN in writing, photographs of my child may be used for BEN and the Horizons program partners' websites or newsletter and my child's name may be mentioned in publicity materials.

6. I would be interested in: (Please tick at least one option)

Driving/carpooling for expeditions

Helping to chaperone children on expeditions

Volunteering to fundraise for BEN

Volunteering to coordinate parent workshops

Parent/Guardian Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

