

# Quiet Heart Wilderness School

## Activities Enrollment Form

Please fill out form and send to:  
Quiet Heart Wilderness School  
PMB 221  
23632 Hwy 99, Ste F  
Edmonds, WA 98026

Child Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s) or Guardian(s):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

State and Zip: \_\_\_\_\_

Home Phone: ( ) - Work Phone: ( ) -

Parent/Guardian E-Mail: \_\_\_\_\_

### Programs and Fees

\$  
\$  
\$  
\$  
\$  
\$  
\$

\$100 deposit required.

Full Payment required 14 days prior to the beginning of the program.

Deposit non-refundable without 14 days notice to the first day of the program.

**An enrollment packet will be mailed to you upon receipt of registration form with payment.**