

PARENT CHAPERONE APPLICATION



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|--------------------|-----------------------|------|
| Name: | Child's Name: | |
| Home Phone Number: | Other Contact Number: | |
| Home Address: | City: | Zip: |
| Occupation: | | |

| | Yes | No |
|---|--------------------------|--------------------------|
| 1. Will you be able to attend the <u>entire duration</u> of time at Coloma Outdoor Discovery School? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been fingerprinted by your school district? If not, you will need to do so if selected for the CODS trip. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you understand that you <u>will not</u> be assigned to the same learning group as your child? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is it important for you to sleep in the same accommodations as your child? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever chaperoned on a school trip? If so, explain. Who was the supervising teacher? | <input type="checkbox"/> | <input type="checkbox"/> |

6. What type of past experience have you had working with groups of children?

7. What would you do in the following situations?

Situation #1:

Students are very excited on the first night of their stay. It is after quiet time and students will not settle down...

Situation #2:

A student in your instructional group repeatedly has difficulty following directions...

8. In the space below, please explain your reasons for wanting to attend the Coloma Outdoor Discovery School outdoor education program...