



Dear Parent:

Your child is about to embark on an exciting learning adventure that they will never forget. The staff here at Mount Rainier Institute is eagerly awaiting their arrival, and will do everything possible to make this a positive experience.

Mount Rainier Institute is a multi-day overnight environmental science program operated by the University of Washington. Students will be engaged with hands-on science, team building, group games, investigating old growth forests, and exploring Mount Rainier National Park. This is a fantastic experience that is not only a lot of fun but is an educational adventure. For more information check out their website at <http://www.packforest.org/mtrainierinstitute/>.

Our curriculum enables us to assist teachers in meeting state and curriculum standards while incorporating traditional outdoor learning activities including: campfire songs, games, night hikes, and much more. At the Mount Rainier Institute we strive for excellence and would like to create an opportunity for your child to explore their world by learning, appreciating, and understanding the Mount Rainier region.

In order to totally immerse your child in the program, we ask that you do not phone or ask your child to call home. However, in the event that an emergency has occurred and you need to reach your child, please use the phone number and address below. If you have any additional questions or concerns, please contact your school staff. If they are unable to address your concerns, feel free to contact the Mount Rainier Institute staff.

Mount Rainier Institute Address and Phone Number

9010 453rd St. East
Eatonville, WA 98328
253-692-4161

Sincerely,

A handwritten signature in black ink that reads "John Hayes". The signature is written in a cursive, flowing style.

John Hayes
Director

Center Overview for Parents

Welcome to Mount Rainier Institute!

The National Park Service has long recognized a need for a residential environmental education program at Mount Rainier National park. To meet this need, Mount Rainier Institute began operations in 2013. Capacity of the facility is 80 students and 10 chaperones in facilities that include ten four-season cabins with 8 beds per cabin.

In partnership with Mount Rainier National Park, University of Washington has created the Mount Rainier Institute. Located at Pack Forest, Mount Rainier Institute is a residential environmental learning center uses the natural and cultural resources of Mount Rainier National Park and Pack Forest to achieve its mission.

Mount Rainier Institute provides schools in our region with in-depth, multi-day programs focusing on science/STEM education. Mount Rainier Institute helps connect students and teachers to Mount Rainier National park, and will use the park and Pack Forest as its "classroom." We partner with schools to provide experiences that enhance curriculum, enrich science, and build community.

Students from all backgrounds have an opportunity to develop their relationship with the environment through a residential experiential education program in a world class location. Creating a multicultural, scientifically and ecologically literate citizenry that cares about the environment, National Parks and other public lands is essential to an environmentally sustainable future. Programs that foster an appreciation for science and nature, build confidence in being outdoors, connect students to National Parks, and that illuminate potential career paths in the environmental and conservation professions are crucial to this vision.

Our mission is to provide outstanding nature-based education experiences that are rooted in science and nurture the next generation of environmental stewards and leaders.

We believe in...

- **Community**
It is essential to foster a sense of community amongst students, staff, and our partners. Meaningful collaboration with one another will to create a positive learning environment.
- **Education**
All those involved with Mount Rainier Institute grow and develop knowledge and understanding of science and the environment.
- **Excellence**
We will strive to bring out the best in people and produce the highest quality experiences possible.
- **Place**
We strive to express the value of the Mount Rainier region.
- **Inspiration**
We believe it is essential to not only educate but also to inspire people to appreciate the joy and beauty of nature, and to become active stewards.

Student Expectations

These guidelines are meant to make it easier for all of us to live together and create an atmosphere where everyone feels safe and free to learn. To ensure that this happens, we have one rule- RESPECT:

Let's RESPECT yourself and others and keep this a safe place where no one gets injured.

- Do not climb on trees, beams, and other high structures.
- Turn in all medication to your teachers.
- Use fire safety equipment only in real emergencies and do not play with or touch the sprinkler heads.
- Wear shoes at all times while outdoors.
- Do not run indoors.
- Do not use "put downs" or inappropriate words, or tease others.
- Respect other people's belongings and materials.
- Do not fight or hit anyone.
- Stay in your own cabin.
- Only enter another room of the same sex if you are invited and an adult is present.
- NEVER enter a room of the opposite sex.

Let's REPECT this beautiful natural area.

- Stay on the established trails.
- Do not pick any plants unless authorized by an instructor.
- Return all animals we are studying to their proper homes.
- Respect all living things.

Let's RESPECT the buildings and keep them looking great for other students.

- Do not write or carve on walls, beds or dressers.
- Pick up your trash and put it in the proper container.
- Do not bounce on beds.
- Leave all food and snacks at home. You may attract unwanted visitors to the cabins, like mice and ants.
- Help us to keep the cabins neat and clean by doing your morning.

Let's RESPCET our teachers, chaperones, and instructors and make this a fun and exciting learning experience.

- Follow all program schedules and be on time.
- Stay within the campus boundaries unless you are led to other program areas on campus by an adult, by using and staying on the paved campus trail.
- Be good listeners to your instructors and do what they ask of you.
- If you did bring something you should not have, give it to your teacher right away.
- Remember that you must be with an adult at all times.
- Always bring your PMA (Positive Mental Attitude)

If you are unable to follow these guidelines you will not be allowed to stay. Those who are not ready will be sent home.

What to Bring

It is important to remember that you will be outdoors as much as possible during your stay at the center, so it is necessary that you come prepared. If you do not have some of the items **don't think that you need to buy them**; you should substitute, improvise, or talk to your teacher.

Prepare for the weather; it can be warm, cold, windy, rainy, sunny, or snowy in the Mount Rainier region.

Remember that you will be carrying your own luggage, so do not bring more items than you can carry.

- 1 small backpack
- 1 to 2 plastic 1-liter water bottles.
- Rain coat and pants (winter coat if appropriate)
- 1 hat (appropriate for season)
- warm gloves, scarf, etc. for cooler temperatures
- 5-6 pairs of socks
- 2 extra sweaters or sweatshirts
- 3-4 shirts, at least one long-sleeved
- 3 pairs long pants
- shoes that can get muddy
- extra shoes and a bag for the wet ones
- pajamas
- sunscreen
- bug spray
- lip protectant (ChapStick, Blistex, etc.)
- 1 towel and washcloth
- soap, toothbrush, toothpaste
- comb or brush
- drinking cup
- sleeping bag or rolled up blankets and pillow
- extra plastic bags for wet shoes and dirty clothes

Optional Items

- camera
- binoculars
- reading books

Students should not Bring

- snacks, food, drinks, gum, or candy
- Cell phones, CD players, ipods, mp3 players, electronic games, hair dryers, curling irons, or other electrical devices
- knives or weapons of any kind

Mount Rainier Institute HEALTH AND PERMISSION FORM (page 1 of 2)

A Health and Permission Form must be completed for each participant attending the Mount Rainier Institute (MRI) programs. No participant will be allowed to participate in Mount Rainier Institute programs or activities without a completed and signed form on file.

Please type or print

Name of School: _____ Date: _____

Participant's Name: _____

Birth Date: _____ Age: _____ Sex: M ___ F ___

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone () _____ Cell () _____

Parent/Guardian: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Work Phone () _____ Cell () _____

E-mail: _____

If neither parent/guardian is available in an emergency notify:

Name: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Phone () _____ Cell () _____

Name of Parent/Guardian carrying health insurance: _____

Insurance Co.: _____ Policy Number: _____

Phone () _____

Health History (To ensure that your child has the most positive experience possible, please answer the medical questions listed below-Attach additional sheets as necessary)

Allergies: (insect stings, medications, hay fever, asthma, other. Please list severity of condition and treatment, (i.e. ice, prescription, over-the-counter medications).

Dietary Restrictions: (Please list food allergies, reaction to food, and any treatment used; also list any religious or vegetarian restriction or requirements).

Health Problems/Concerns: (Please include sleepwalking, night-time use of restroom, diagnosed behavioral or learning disabilities).

Continued on the back

(page 2 of 2)

Health and Permission Form continued

Participant's Name: _____

Name of School: _____

Medications: Please list any medications and dosage schedule that will be taken while at Mount Rainier Institute:

Please list any serious or chronic medical conditions; or recent illness/surgery. Please give dates.

Name of family physician: _____ Phone: _____

PARENT/GUARDIAN MEDICAL AUTHORIZATION AND RELEASE STATEMENT (agreement, indemnification, and assumption of risk)

The health history is correct so far as I know, and I hereby give permission for my child to participate in all program activities including field trips and transportation to learning sites, except as noted by me and/or an examining physician.

I acknowledge that there are risks inherent in any youth program, including but not limited to injury or death arising from: participation in sports; participant's failure to follow instructions of supervisors; hiking & backpacking; snowshoeing; service and research projects; and wildlife and nature observation; communicable illness; and independent acts of third parties not under the control of supervisors. I acknowledge that all risks cannot be prevented, and assume those beyond the control of the University staff. I represent that my minor child is able, with or without accommodation, to participate in the Mount Rainier Institute program, is able to participate, and have obtained the required immunizations. Should my minor child require emergency medical treatment as a result of accident or illness arising during participation at Mount Rainier Institute, I consent to such treatment. I acknowledge that the University of Washington does not provide health and accident insurance for Mount Rainier Institute participants and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment.

(Please check one)

I hereby grant Mount Rainier Institute the right to photograph my child and use the photo and/or other digital reproductions of him/her or other reproductions of his/her physical likeness or work samples for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

Please do not photograph my child.

Signature of Parent/Guardian

Date

No, I do not want to receive information about Mount Rainier Institute in the future.

Mount Rainier Institute



Participant Dietary Restrictions

Complete this form ONLY if you as a participant or your child has a dietary restriction.

At Mount Rainier Institute, we strive to accommodate special dietary needs to the greatest extent possible. Please list dietary needs or restrictions on the permission slip and on this form. Include food allergies, reactions to food and the appropriate treatment to be used. Also list any vegetarian requirements, religious restrictions, etc.

If the restriction is for a medical reason, please be very specific in describing the extent of the restriction. For example, if the participant is allergic to eggs, is it just eggs as a dish (such as scrambled eggs) or does it include casseroles, breads, cakes, etc. that include eggs in the recipe? If the participant take medication for the food allergy, can the food be eaten as long as the medication is take? The more information we have, the better we can meet your needs.

Food is ordered a week in advance of your visit to Mount Rainier Institute. In order to accommodate your needs. **WE MUST RECEIVE THIS FORM AT LEAST 2 WEEKS BEFORE YOUR ARRIVAL DATE.** Please also note any restrictions on the health form that is returned to the teacher.

If you have concerns about your child's diet, please feel free to discuss the situation with the Mount Rainier Institute's food service department at (253) 692-4171 or (253) 692-4170.

Participant Name: _____ School: _____

Dates of Attendance: _____

Please List any dietary restrictions here:

If the participant listed on this form is allergic to nuts please check the appropriate boxes below:

Reaction occurs if nuts are:

- Ingested
- Inhaled
- Touched

This participant **MAY** eat products that:

- Are produced in the same factory as nut products so long as there are no nuts listed in the ingredients list.

Would you like to be contacted by our Food Service Coordinator? Yes No If yes, provide the following:

Name: _____ Daytime phone: _____ Evening Phone: _____

Email: _____

Please email, fax, or mail this form to Amy Wilson at the appropriate address found below. This form may be folded, stapled, stamped, and placed in the mail.

Fax: (360) 832-3612

Email: amye13@uw.edu

Phone: 253-692-4168

Fold Here

Place
stamp
here

Mount Rainier Institute
ATTN: Amy Wilson
9010 453rd St East
Eatonville, WA 98328

Mount Rainier Institute Tuition Options

Hazel Wolf K-8 ESTEM School

Date	September 19-22, 2016	
Time	Four days – three nights	
Location	Mount Rainier Institute	
Cost <i>Total cost for students is \$285 and for chaperones it is \$190. However we recognize some families are not able to pay this amount. This does not mean your student or you cannot go! Please indicate what you will be able to afford for the trip. Keep in mind that paying the full amount (if you can) enables us to help other students.</i> <i>Your response is kept confidential.</i>	<u>Choose one for Student Tuition:</u> <input type="checkbox"/> \$285 <p style="text-align: center;">OR</p> <input type="checkbox"/> \$210 <p style="text-align: center;">OR</p> <input type="checkbox"/> \$180 <input type="checkbox"/> None of these choices work for our family. I will complete the scholarship request on the back of this page.	<u>If you are requesting to be a Chaperone, choose one:</u> <input type="checkbox"/> \$190 <p style="text-align: center;">OR</p> <input type="checkbox"/> \$80 <p style="text-align: center;">OR</p> <input type="checkbox"/> None of these choices work for our family. I will complete the scholarship request on the back of this page.
Transportation	Bus	
Notes	Payment is due before September 16, 2016. See the back for a payment plan option. Remit checks to Hazel Wolf K-8 E-STEM School.	

Your Child's Name: _____

- I am interested in Chaperoning and have e-mailed my request to be added to the list to Christine Benita at cabenita@seattleschools.org.

My Name: _____

Contact: _____



HAZEL WOLF K-8
where nature meets nurture

Hazel Wolf K-8 E-STEM School Mt. Rainier Institute Scholarship Request

Name: _____

Student's Name: _____

We are applying for a Mt. Rainier Institute Scholarship for this amount \$_____.

We are requesting a payment plan option as described below.

Reason(s) we are requesting a scholarship or a description of a payment plan.

Return this form to Ms. Nelsen. This information will be kept confidential.

Signature

Date