

Mount Rainier Institute

Scheduling and Information Form

This form is **due 4 weeks prior to your arrival date** and can be e-mailed to amye13@uw.edu



General Information

Name of School: _____ School phone number: _____

Grade level(s): _____

Please refer to your program reservation agreement for the next 4 questions

Program Dates: _____ How will you arrive: Bus/van Personal Vehicles

Arrival Time: _____ most programs have scheduled arrivals at 10:30am

Departure Time: _____ Due to the schedule it is helpful to depart after lunch. If your departure time must differ due to travel time please contact us immediately.

Lead Teacher

Name of Lead Teacher: _____ E-mail: _____

Phone Number: _____ School Home Cell

Best way and times to contact the Lead Teacher: Phone E-mail Time: _____

Will the Lead Teacher be a Mount Rainier Institute for the whole trip: Yes No

If no who will be the contact while at Mount Rainier Institute: _____

Objectives

What are your objectives for bringing your students to Mount Rainier Institute?

How are you preparing your students for the trip to Mount Rainier Institute?

Up to this point my students have used structured, guided, or open inquiry in the science classroom?

Has anyone in your group attended other programs at Mount Rainier Institute?

Yes No If yes, how many students? _____

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Attendance Form

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Participant Numbers

	Female	Male	Total
Students			
Teacher Chaperones			
Other Adult Chaperones			

Participant Information

Is anyone celebrating a birthday during your stay? Please provide names and birthdates.

Dietary Restrictions: Please list food allergies, reaction to food, and any treatment used; also list any religious restrictions or requirements. Lastly, please provide us with exact numbers of vegetarians so that our kitchen can properly prepare. Also note that guardians should complete a "Participant Dietary Restrictions" form if applicable for participants of Mount Rainier Institute. This includes the student participating and/or the guardian if they are attending as an adult chaperone.

Name	Allergy/Restriction	Treatment

Total number of vegetarians: _____

Severe allergies: Please list the allergy, reaction, and treatment used:

Name	Allergy/Restriction	Treatment

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Attendance Form Continued

This form is **due 4 weeks prior to your arrival date** and can be e-mailed to amy13@uw.edu



Participant Information

In an effort to make Mount Rainier Institute an inclusive and safe space, and to provide an equitable experience for all, we would like to know in advance about participants with differing abilities. This can include but is not limited to ADD/ADHD, autism, English language learners, gifted and talented, hearing or vision impaired, and non-readers/writers.

Name	Differing ability	Considerations taken for this student at school

General Information

Is there anything else you would like to tell us about your school or the students coming on this trip to Mount Rainier Institute? _____

Thank you for your time and effort in the scheduling process!