



Parent Chaperone Application

Name:	Child's Name:
Home Phone Number:	Other Contact Number:
Home Address:	City and Zip Code
Occupation	

1. Will you be able to attend for the entire duration of time at the Mission Springs Outdoor School?
2. Have you been fingerprinted with the school?
3. Is it important for you to sleep in the same accommodations as your child?
4. Have you ever chaperoned on a field trip? Overnight?
5. What type of experience do you have chaperoning groups of children?

6. What would you do in the following situations?

Situation #1

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

Situation #2

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

7. Explain your reasons for wanting to attend the Mission Springs Outdoor School.