

TODAY'S DATE _____

SEEDSCHOOL PROGRAM ENROLLMENT

CHILD'S NAME _____

DATE OF BIRTH _____

PARENT/ GAURDIAN

PARENT/ GAURDIAN

NAME _____

ADDRESS _____

PHONE mobile _____ other _____

mobile _____ other _____

EMAIL _____

SIBLINGS: Name (date of birth) _____

Other responsible adults who have permission to pick up and to transport your child and to be contacted in the event of emergency (list any additional on reverse):

NAME _____

PHONE _____

Relationship to child _____

NAME _____

PHONE _____

Relationship to child _____

Child's allergies, food restrictions/ preferences, regular medications, physical or emotional limitations, special needs, chronic conditions, etc. (Continue on reverse if needed).

Help us understand your child better. List previous school experiences, family interests/ talents, other languages spoken at home, names and types of pets, special names for grandparents, substitute words for things, likes/ dislikes, anything else you would like us to know. (Continue on reverse if needed):

I give permission for my child, _____ to participate in all Seedschool activities and I am aware of the variety of conditions found in a natural environment. These may include (but are not limited to) contact with the general public, experiences such as running, climbing, lifting, use of simple tools, contact with animals, plants and insects, proximity to bodies of water, exposure to sun, heat, cold, wind, rain, mud and uneven terrain.

I give the bearer of this form permission to obtain emergency medical treatment and/ or emergency transport to the nearest hospital for my child, _____.

I assume all financial responsibility for any treatment of injuries sustained by my child.

I GIVE/ DO NOT GIVE (circle one) Seedschool staff permission to give Homeopathic Apis Mellifica tablets to my child to lessen reaction of an insect sting. Learn more: <https://www.boironusa.com/all-about-apis-mellifica-the-stinging-homeopathic-medicine/>

I GIVE/ DO NOT GIVE (circle one) permission for Seedschool staff to apply natural sunscreens, insect repellants, and first aid creams on my child.

I GIVE/ DO NOT GIVE (circle one) permission for photographs including my child's face to be used by Seedschool for print and online promotional purposes and to be included in social media postings.

I GIVE/ DO NOT GIVE (circle one) permission for photograph's *not* including my child's face (showing only back of head, hands, body) to be used by Seedschool for print and online promotional purposes and to be included in social media postings.

I have received, read, understand, and will abide by the policies set forth in the Seedschool Guidelines for Families. Available here: <http://www.seedpreschool.org/enrollment-and-tuition.html>

PARENT/ GUARDIAN

Signature _____ Date _____

PARENT/ GAURDIAN

Signature _____ Date _____