

**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).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous school experiences, family interests/ talents, other languages spoken at home, names and types of pets, special names for grandparents, substitute words for things, anything at all to help us understand your child better (Continue on reverse if needed):

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I give permission for my child \_\_\_\_\_ to participate in all Seed Preschool 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) Seed Preschool staff permission to give Homeopathic Apis Mellifica tablets to my child in the event of an insect sting. Learn more: <https://www.elixirs.com/apis.cfm>

I GIVE/ DO NOT GIVE (circle one) permission for Seed Preschool staff to apply natural sunscreens and insect repellants on my child.

I GIVE/ DO NOT GIVE (circle one) permission for photographs of my child \_\_\_\_\_ to be used by Seed Preschool 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 Seed Preschool Guidelines for Families.

PARENT/ GUARDIAN

Signature \_\_\_\_\_ Date \_\_\_\_\_

PARENT/ GAURDIAN

Signature \_\_\_\_\_ Date \_\_\_\_\_