



Enrollment Form R400.8143

STUDENT'S NAME: _____ GRADE: _____

<p>Handbook Acknowledgment</p> <p>I acknowledge that I have received the SEEDS Parent/Guardian Handbook and that I understand it is my responsibility to read and comply with the policies contained in this handbook, including any revisions.</p>	Initial Here
<p>School Records Consent</p> <p>I hereby authorize SEEDS' staff to have access to my child's Power School records for the purposes of program evaluation and student participation.</p>	Initial Here
<p>Immunization Records</p> <p>I certify that all of my student's immunizations are complete and up to date and that the immunization record is on file with the school.</p>	Initial Here
<p>Student Health</p> <p>I certify that my student is in good health with no activity restrictions. If activity restrictions are required, I agree to notify the Site Coordinator.</p>	Initial Here
<p>Medication</p> <p>I understand that SEEDS Staff do not regularly administer medication, except emergency medications such as EpiPens or inhalers. <i>If your student needs these medications, see your Site Coordinator to complete the Medication Permission and Instructions (BCAL- 1243) for medication administration.</i></p>	Initial Here
<p>Photo Release</p> <p>I hereby grant to SEEDS Ecology & Education Centers the right to photograph myself and/or my dependent listed below to use the photos and/or other digital reproductions and physical likeness for publication, marketing, and advertising purposes.</p>	Initial Here
<p>Topical Non-Prescription Medication</p> <p>I give permission for SEEDS staff to apply the following non-prescription medication to my child, which I will supply and label with my child's name: <input type="checkbox"/> Sunscreen <input type="checkbox"/> Bug Repellent <input type="checkbox"/> Other _____</p> <p>In the event that sunscreen or insect repellent is needed and not sent from home, I give my permission for SEEDS staff to apply No Ad brand of sunscreen and/or Herbal Armor brand of insect repellent to my child.</p>	Initial Here





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<p>Transportation</p> <p>I give my student permission to (check all that apply)</p> <p><input type="checkbox"/> walk to local field trips</p> <p><input type="checkbox"/> ride the school bus and/or public transportation to field trips or as a means of transportation home if the service is provided by my students' program.</p>	Initial Here
<p>Swimming</p> <p>I confirm that my child has basic swimming skills and has my permission to swim, if applicable, on field trip days</p>	Initial Here
<p>Student T-shirt size</p> <p>We often provide t-shirts for students enrolled in our summer program. Please indicate your student's t-shirt size here:</p> <p>Youth size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> Other</p> <p>Adult size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> Other</p>	

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

