



Enrollment Form R400.8143

STUDENT'S NAME: _____ GRADE: _____

*PREFERRED LANGUAGE FOR COMMUNICATIONS: _____

<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, or the appropriate waiver is on file.</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 and list here:</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: ___ Sunscreen ___ Bug Repellent ___ 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 sunscreen and/or 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>	<p>Initial Here</p>
<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. Swimming may not be available at all sites.</p>	<p>Initial Here</p>
<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: _____

