

Growing Seeds **Application for Enrollment**

Applications are accepted until classes are filled, at which time we will start a waiting list. Please note filling out this application form does not ensure enrollment. You will be contacted via letter or phone regarding enrollment.

Child's Name _____
Home Address _____
Home Phone Number _____

Information Parent/Guardian (1)

Name _____
Place of Work _____ Work Number _____
Cell _____ Pager Number _____
Email Address _____

Information Parent/Guardian (2)

Name _____
Place of Work _____ Work Number _____
Cell _____ Pager Number _____
Email Address _____

Additional Emergency Contact

Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____

Individuals allowed to pick up my child

_____	_____
_____	_____
_____	_____

Please circle which days you would like your child to attend? Please note your flexibility.

M Tu W Th F

Do you want to be on our waiting list? There is a \$20 non refundable fee for maintaining the waitlist.

What is your ideal start date?

Growing Seeds
Medical Information Form

Child's Name _____
Child's DOB _____ Age _____

Parent's Name _____
Address _____

Telephone Numbers
Work _____ Cell _____ Home _____

Doctor's Name _____ Phone _____

Insurance Company _____
Insured Name _____
Policy number _____

Preferred Hospitals _____

I authorize Growing Seeds staff to obtain/use emergency health services (CPR or any other first aid need) for the minor child listed above. By affixing my signature I attest that I have the legal right to give consent for the above named minor child.

I authorize the use of ambulance if my child needs emergency care.
Parents Name _____

Signature _____ Date _____

Please list any allergies to food or medication that your child has

Does your child take medication on a regular basis?
If yes please specify.

Does your child have any health concerns/needs that Growing Seeds needs to be aware of?

Authorization for medication to be administered

Growing Seeds will not administer any medication that is not listed on this form. Antibiotics, suppressants, and fever reducers are prohibited from the center. Dosages required during your child's day in care will only be administered by a parent or guardian.

Scrapes and scratches

If your child should suffer any minor skin abrasions while in care, a staff member shall treat the wound with an anti bacterial solution and bandage. The parent will be contacted in the event of a more serious injury.

Sunscreen

Please bring a labeled sunscreen for your child to use while in care. We will apply sunscreen to arms and shoulders before outings but require parents to thoroughly cover all extremities prior to arrival.

If your child requires and inhaler for emergency purposes please list with appropriate instructions.

Name of Medication _____
Dosage _____

I _____ authorize Growing Seeds staff to administer
sunscreen and first aid for my child _____.

Growing Seeds
Transportation and Field Trip Permission Form

Child's Name _____
Parent's Name _____

I authorize my child to go on any field trips during the year. All field trips will be announced and a notice will be posted 30 days prior to the event. We will travel by public transportation (max or bus), or by parent volunteers. All volunteers will have a valid Oregon driver's license and insurance information on file 30 days prior to the field trip.

_____ Date _____
Parents or Guardian Signature

I give my permission for my child to be transported by private or public conveyance while in the care and supervision of Growing Seeds for field trips or otherwise needed transportation. By signing, I have given consent for the above named minor. This release is in force until rescinded in writing.

A car seat or booster chair will be provided by the parent for all children less than 60 pounds.

_____ Date _____
Parents or Guardian Signature

Photo Consent

As a student at Growing Seeds your child's photo will be taken during times of play and learning. These photos will be used for classroom displays, journals, and possibly for our future website. On the website there will be no mention of names.

Video Recording Authorization

I authorize the use of a video recording camera, to be used while my child is at the Center of Growing Seeds. **My child may be recorded if it is necessary to document the classroom as a whole or individually.** I understand that these recordings will only be used for training and documenting development, and will never be duplicated, or distributed in any way.

These recording will not be viewed on our website.

Child's Name _____

Signature _____ Date _____

Parent Questionnaire

Name _____ Nickname _____

Sex _____ Date of birth _____

Who primarily cares for your child (please include step parents and all guardians)?

Name (What does your child call this person) _____

Name (What does your child call this person) _____

Name (What does your child call this person) _____

Name (What does your child call this person) _____

Sibling's Names and age _____

Is there any other family history that would be important for us to know? _____

What experiences with childcare/ school has your child had previously?

How much experience has your child had "playing" with other children? _____

What sort of settings does your child play with their friend in (classes, parties, play dates)? _____

Are the parents usually close in proximity when children are playing? _____

Would you describe the majority of your child's friends as older, younger or the same age as your child? _____

Briefly describe your parenting philosophy: _____

Tell me about your child's likes and dislikes: _____

What would you like your child to gain (socially, emotionally, and academically) from Growing Seeds? _____

Are you interested in attending monthly parenting classes here? _____

Would you like to be used as a reference for new families interested in our Center?

How active would you like to be in the Center (volunteering, field trips, etc.)

What types of activities would you like to be involved in here at the Center? Do you have any special talents that you might like to share with Growing Seeds? _____

Describe your child's personality _____

How do you deal (or plan to deal) with any challenging behavior (i.e. biting, hitting, pushing)? _____

Challenging behavior your child is currently having? _____

How does your child nap/rest? Are there any special things they like/need?

How many naps does your child take? _____

How long? _____

How does your child get to sleep at home? _____

What are your child's eating habits? _____

Favorite foods _____

Foods Disliked _____

Does/did your child nurse? _____

Does your child have any dietary restrictions or food allergies? _____

What kind of diapers do you use at home? _____

Does your child get a diaper rash frequently? _____

How is it treated? _____

How often are diapers changed? _____

Is your child potty trained? For how long? _____

Does your child have a special toy or blanket? _____

Do you have pets at home? _____

Is your child allergic to any pets? _____

Was your child born prematurely? _____

Has your child been hospitalized? _____

Any other medical history? _____

Has your child experience death in any way? Pet/Friend/Family Member? _____

Has your child ever moved to a different house? _____

Does your child watch television? _____ How many hours each week? _____

What are your child's favorite things to do at home? _____

What are your child's favorite toys at home? _____

What type of play do you engage in most with your child? Physical/Social/Imaginative? _____

Has your child ever been diagnosed with any disability? _____

Please list any other information you can share about your child. _____