

Growing Seeds Application for Enrollment

Once you have been notified of a space becoming available to your family you will be asked to complete this entire application. This form is for enrollment only, not waitlist.

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

Information Parent/Guardian (1)

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

Information Parent/Guardian (2)

Name _____
Place of Work _____ Work Number _____
Cell _____
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

What is your ideal start date?

Growing Seeds
Medical Information Form

Child's Name _____
Child's DOB _____ Current 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, faces and exposed shoulders in the afternoon, after rest time but require parents to thoroughly cover all extremities prior to arrival each day.

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 10 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 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 throughout the day. These photos will be used for classroom displays, journals, website, advertising materials, and future publications. 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 be used for training and documenting development, classroom displays, journals, website, advertising materials, and future publications.

These recording will may be viewed on our website.

Child's Name _____

Parent's 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? _____

If so, what current family and child issues might interest you for future class offerings?

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, room parent, Parent Advisory Committee, assist with annual events, etc.)

Do you have any special talents, hobbies or profession that you might like to share with children of 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 and how long in duration? _____

What is your child's sleep time routine? _____

What are your child's eating habits? _____

Favorite foods _____

Foods Disliked _____

Does/did your child nurse? _____

Does your child get a diaper rash frequently? _____

How is it treated? _____

Is your child potty trained? For how long? _____

Does your child have an attachment or soothing item? _____

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 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. _____
