

LITTLE EXPLORERS SCHOOL

PRESCHOOL * ENRICHMENT PROGRAMS * CAMPS

223 NE 65th Street - Seattle, WA 98115 | www.littleexplorersseattle.com | info@littleexplorersseattle.com | 206-523-1922

Student Information:

First Name	Middle Name	Last Name	Date of Birth
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Address	City	State	Zip Code
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Parent First Name	Last Name	Cell Phone #	Home or Work Phone #
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Consent for medical treatment for your child:

I hereby give permission for my child, _____ to be given emergency treatment by a licensed health care provider at the nearest emergency center. When I cannot be contacted, I authorize medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed health care provider when deemed necessary or advisable by a medical professional to safeguard my child's health. I also give permission for my child to be transported by ambulance to an emergency center for treatment.

Parent/Guardian signature _____

Permission for Field Trips

I give permission for my child

___ to go on walks and to parks in the Green Lake neighborhood.

___ to go on field trips to locations outside the Green Lake neighborhood. Destinations may include parks, theaters, museums, libraries and will be communicated to families prior to departure. We will walk or take the metro bus.

Parent/Guardian signature _____

Permission for Sunscreen

I authorize Little Explorers teachers to apply sunscreen SPF 50 to my child when participating in outdoor activities.

Parent/Guardian signature _____

Parent Name: _____ Date: _____

Please upload this form with your registration.

If unable to upload, please email or send via mail:

info@littleexplorersseattle.com ~ Little Explorers - 7042 16th Ave NE Seattle, WA 98115