



SEEDS
706 GILBERT ST
DURHAM, NC 27701
(919) 683-1197
www.seedsnc.org

SEEDlings AFTER-SCHOOL PROGRAM APPLICATION '09-'10

General Information & Application Instructions

Please read carefully and keep this sheet for your records.

SEEDS is:

A place that educates adults and youth through gardening, growing food and cultivating respect for life, for earth and for each other. SEEDS is 2 acres of beautiful and bountiful gardens on Gilbert Street in downtown Durham.

SEEDlings is:

The garden-based after-school and summer program of SEEDS. It is open to children in 1st – 5th grade and follows the Durham Public School Traditional Student calendar. SEEDlings provides fun, engaging projects in the kitchen, in the garden and indoor common area. Activities include planting, cooking and eating fruits and veggies, learning about garden plants and animals, dancing, martial arts, games and crafts. Each day the kids receive tutoring and homework help.

SEEDlings Schedule:

2009 Start Date: Monday, August 31

Days: Monday – Friday

Holidays: There will be no SEEDlings on student holidays, teacher workdays, half-days, or snow days.

Hours: 3:30 - 5:45

Time details:

- 3:30 - 4 free play
- 4 - 4:15 healthy snack
- 4:15 - 5 planned activities (“program”)
- 5 - 5:45 homework

Cost: \$180 per child per semester, charged on a sliding scale basis. Financial aid and payment plans are available.

To Apply:

1. Fill out the attached application (you can apply for up to 3 children on one application) and return it by mail or in person to SEEDS at the address above, no later than **Friday, August 21**.
2. If financial aid is required, fill out a financial aid application and return it complete and with supporting documents along with your application.
3. You will be notified by **Monday, August 24** of whether or not your child(ren) is (are) admitted to SEEDlings.
4. If admitted, payment for the first semester (or your first payment plan installment) will be due by **Wednesday, August 26**. Children cannot begin program enrollment until payment is received. If payment is not received by the due date, your child’s spot may be given to someone on the waiting list.

Family commitment:

- Enrolled children will participate daily for the full school year. Parents will notify us in advance on days children will not be able to come.
- Parents will attend a parent meeting at the beginning of the year and participate in at least one parent survey during the year.
- Parents will arrange transportation for their children to and from the program.
- Parents will help children come prepared to SEEDlings, which means that children will bring their homework and wear clothes and shoes that can get dirty.

How to contact the SEEDlings coordinators:

Thad Bennett: phone: 683-1197, e-mail: tbennett@seedsnc.org

Jessamine Hyatt: phone: 683-1197, e-mail: jessamine@seedsnc.org



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All shaded areas must be completed and the application must be signed before your child(ren) can be admitted to the program.

(1) Child's name: _____
 Sex: M F Birthdate: _____ Grade: _____
 School: _____ Teacher: _____

(2) 2nd Child's name: _____
 Sex: M F Birthdate: _____ Grade: _____
 School: _____ Teacher: _____

(3) 3rd Child's name: _____
 Sex: M F Birthdate: _____ Grade: _____
 School: _____ Teacher: _____

(4) Parent/Guardian's name #1: _____
 Address: _____
 Apt#: _____ Zip: _____
 Email Address: _____
 Home Phone: _____
 Cell Phone: _____
 Place of Employment: _____
 Work Phone: _____
 Best method & time to reach you: _____

(5) Parent/Guardian's name #2: _____
 Address: _____
 Apt#: _____ Zip: _____
 Email Address: _____
 Home Phone: _____
 Cell Phone: _____
 Place of Employment: _____
 Work Phone: _____
 Best method & time to reach you: _____

(6) EMERGENCY CONTACT: (Other than parents/guardians)
 Name: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____

(7) EMERGENCY CONTACT: (Other than parents/guardians)
 Name: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____

(8) Please list all persons who have permission to pick up your child:
 Name 1: _____
 Phone after 5:45pm: _____

Name 2: _____
 Phone after 5:45pm: _____
 Name 3: _____
 Phone after 5:45pm: _____

(9) Does your child have any allergies, medical or special conditions that may affect his/her stay in the SEEDlings program? Yes No
 If Yes, please list (if multiple children, include names):

(10) Please list any particular school subjects your child(ren) could use help with: _____

Please attach an explanation of any physical, emotional, behavioral, or medical condition to this application.



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(11) Please tell us how you heard about the SEEDlings program:

- Child participated last year
- Child participated in Summer SEEDlings
- School Open House
- Friend, Relative, or Neighbor
- Teacher or Counselor
- Internet search
- Newspaper (which?): _____
- Other (please tell us): _____

(12) What are you hoping your child will get from the program? Please rank the following items in order of importance from 1 to 6, with 1 being the most important and 6 the least important.

- _____ Fun after-school activity
- _____ Help with homework
- _____ Learning about gardening and nature
- _____ Learning about healthy eating
- _____ Better behavior at home and school
- _____ Other: _____

(13) Please initial each of the following:

- _____ I agree to attend a parent meeting at the beginning of the year and to participate in at least one parent survey as a condition of my child(ren) attending the program.
- _____ I agree to arrange transportation for my child(ren) to and from the program. I agree to pick up my child(ren) no later than 5:45 pm each day.
- _____ I agree to help my child(ren) come prepared to SEEDS every day. My child(ren) should bring homework, clothes that can get dirty, and sturdy shoes.
- _____ I agree to make a year-long commitment to the program. I will contact the staff at SEEDS in advance if my child(ren) will not be present on a certain day.
- _____ I agree that, if a medical emergency arises, SEEDS staff will attempt to contact me. If the emergency is such that immediate hospital attention is necessary, an ambulance may take my child(ren) to the hospital.
- _____ I give permission and consent to SEEDS and its agents to interview and/or videotape, audiotape, or photograph my child(ren) and to use the products for any advertising or publicity purposes.
- _____ I give SEEDS staff permission to talk to my child(ren)'s teacher(s) about his or her (their) progress in school.

(14) Signature: _____
Date: _____ **Relationship to child:** _____

