Desert Botanical Garden

S E E D L I N G S P R E S C H O O L P R O G R A M

Step 1 – Information – *Please fill out a separate form for each child*

Date:_____

Parent/Guardian Name:_____ ○Returning Student

Address:_____

City:_____ State:_____ Zip:_____

Phone:(_____)_____ Email:_____

Child's Name:_____

Gender: ○Male ○Female Age:_____ Birth Date:_____

Please list any food allergies or health concerns:_____

_____

_____

Step 2 - Choose your session(s)

○**Full Year:**	October 28/2008	thru	May 8/2009	18 Weeks Total
Single Session(s):				
○**Fall Session**:	October 28/2008	thru	December 12/2008	6 Weeks Total
○**Winter Session**:	January 27/2009	thru	March 06/2009	6 Weeks Total
○**Spring Session**:	March 31/2009	thru	May 08/2009	6 Weeks Total

Step 3- Choose your class

- Please select an age-appropriate class for your child based on the age they will be on the first day of class.
- Once you have selected a particular class day and time, you will stay with that group for the full session.
- Participants can stay in the same class for the full year even if they have a birthday that year.
- If you have two children in the 3-5 year-old age range, you may register them both in the same class.

3 & 4 year-old classes

○Tuesday	Morning	9:30 – 11:00a.m.
○Wednesday	Morning	9:30 – 11:00a.m.
○Friday	Morning	9:30 – 11:00a.m.

Limited to 12 children with an accompanying adult

4 & 5 year-old classes

○Tuesday	Afternoon	1:00 – 2:30p.m.
○Thursday	Morning	9:30 – 11:00a.m
○Thursday	Afternoon	1:00 – 2:30p.m.

Limited to 14 children with an accompanying adult

Desert Botanical Garden

S E E D L I N G S P R E S C H O O L P R O G R A M

Step 4 - Payment Information

Full Year: ○Member $189 ○DBG Member#_____
○Non-Member $229

Single Session: ○Member $70 per session ○DBG Member#_____
○Non-Member $85 per session

No. of Session(s)_____ X $_____= Total Amount: $_____

PAYABLE BY: ○VISA ○MC ○AMEX ○DISCOVER

NAME *(As it appears on card):*_____

CARD #_____-_____-_____-_____

EXP DATE:_____ SIGNATURE:_____

○CHECK #_____*(Please make checks payable to Desert Botanical Garden)* AMOUNT $_____

COMMENT(S):_____

Step 5 – Submit Registration – *Please include completed registration form, caregiver agreement, liability waiver/photo release*

Three Ways to Submit Registration:

❶ Mail: DBG Attn: Linda Hairston 1201 N. Galvin Parkway. Phoenix. AZ. 85008

❷ Fax: 480-481-8189 Attn: Linda Hairston

❸ Web: www.dbg.org print/fill-in/scan/send as an email attachment to: lhairston@dbg.org

Please let us know how you heard about Seedlings

○DBG Printed Calendar
○DBG Website
○Raising AZ Kids Magazine
○Fellow Seedling_____
○Other_____

INTERNAL USE ONLY

PAID	_____	REGISTRATION ID	_____
REFUND	_____	DATE ENTERED	_____
MAT. LIST	_____	EMAILED	_____
ITINERARY	_____	MAILED	_____

Desert Botanical Garden

S E E D L I N G S P R E S C H O O L P R O G R A M

Care Giver Agreement

Our Philosophy:

The Seedlings Preschool Program at the Desert Botanical Garden is a place where children and adults come together to discover the wonders of the Sonoran desert. We strive to provide a high-quality introduction into the Life Long Learning program at the Desert Botanical Garden that is both educational and engaging. Our ultimate goal is that Seedlings participants will begin to develop a strong sense of place and connection to their local environment and will see themselves as stewards of their desert home.

What you can expect from us:

- A safe and loving environment where children and adults can learn about the desert together in a fun, interactive way.
- Knowledgeable and caring teaching staff and volunteers.
- An "open door policy" where participants can feel comfortable to provide feedback and suggestions about the program.
- Classes that will begin at the scheduled time.

Our expectations:

- Participants will arrive up to 15 minutes before class begins so that they have time to enjoy the Discovery Centers and so that class may start on schedule.

- All children and adults will follow class rules to: 1) Stay on the trail, 2) Do not touch the plants (unless the teacher says it is OK), 3) Use our walking feet, 4) Eat snacks only in the classroom, 5) Have fun!

- Adults are engaged and participate alongside their child throughout the program. *Underage siblings are not allowed in the class* as they can be a distraction to the group and take away from the caregiver's quality time with the child that is enrolled in the program.

- Adults are responsible for disciplining their own child and minimizing disturbances during the class. This includes silencing all cell phones and intervening if their child is repeatedly disruptive. If a child continues to disrupt the class, the caregiver may be asked to remove the child until they are ready to be part of the group.

Please sign and date below to acknowledge that you have read and will abide by the above Caregiver Agreement for the Seedlings Preschool Program at the Desert Botanical Garden. Thank you for helping us create a fun and meaningful learning environment where everybody can enjoy the program!

Print Name	Signature
Child's Name	Date

1201 North Galvin Parkway • Phoenix • AZ • 85008 • TEL 480.481.8146 • FAX 480.481.8189 • www.dbg.org

Desert Botanical Garden

S E E D L I N G S P R E S C H O O L P R O G R A M

Photography Release

I, _____, parent/legal guardian of _____, age_____, hereby give the Desert Botanical Garden, Inc. (Garden) the absolute and irrevocable right and permission, with respect to the photographs taken of _____, or in which he/she may be included with others:

a) To copyright the same in the Garden's name or any other name that the Garden may choose.

b) To use, re-use, publish and re-publish the same in whole or in part, individually or in conjunction with other photographs, in any medium and for any purpose whatsoever, including (but not by way of limitation) illustrations, promotion, advertising, and trade.

c) To use said child's name in connection therewith if the Garden so chooses. I hereby release and discharge the Desert Botanical Garden from any and all claims and demands arising out of or in connection with the use of photographs, including any and all claims for libel.

This authorization and release shall also ensure to the benefit of legal representatives, licensees and assigns of the Desert Botanical Garden, Inc. as well as the person(s) by whom the photographs are taken, printed, or published.

I have read the foregoing and fully understand the contents thereof.

_____	_____	_____
Signature	Printed Name	Date

Waiver of Liability

I hereby unconditionally and irrevocably release, quit and forever discharge the Desert Botanical Garden and its successors, heirs, beneficiaries and assigns for, from and against any and all rights, claims, obligations, actions, causes of action, suits, demands, costs, expenses, damages, injuries, or other occurrences, including, without limitation, attorney's fees (collectively "Claims"), arising out of or resulting from (I) my use of Desert Botanical Garden's property or (II) the training courses and services to be provided by Desert Botanical Garden, whether the Claims arise from activities occurring at the Desert Botanical Garden or elsewhere. I shall indemnify, defend and hold Desert Botanical Garden harmless for, from and, against any and all Claims.

_____	_____	_____
Signature	Printed Name	Date