



1st Semester Enrollment form 2019
(Please Print)

Name of Seed or Sprout _____ Nickname _____

Grade for 19 - 20 School Year _____ School _____

Home Address _____

Mailing Address if different than home _____

Parents' Name(s) _____

Home Phone _____ Cell _____

Emergency Contact Name _____ Phone _____

Please List Food Allergies _____

Other Allergies _____

What else should we know about your child? _____

By signing below, you agree to allow Wesley United Methodist Church to transport your children within the Iola city limits.

Please note: We will not dispense medications, either prescription or over the counter.

To help fund Seeds and Sprouts we suggest a \$25.00 per family, per semester donation.

There are scholarships available- Please call Lori Cooper at 365-2285

Parent signature _____ Date _____ Printed Name _____