



Seasons for Growth Permission



I _____ (Parents Name) would like my son/daughter

..... (Child's name) to be part of the Seasons for Growth program. I have discussed this with him/her and they understand why they will join the program.

My child is in Year _____ in _____ learning group.

Please tick off the grief/loss your child is going through

- ☐ Parents separated
- ☐ Parents divorced
- ☐ Separation from family due to relocation
- ☐ Death of a family member
- ☐ Loss or death of someone they care about

Please write a brief description

Signature of Parent/Guardian

Signature of Child