

St. James Preschool

*Grow, Explore, Discover, Imagine
Together*

PARENT SIGNATURE PAGE

School Year 20____ - 20_____

Name of Student: _____ Class _____

MEDICAL/ EMERGENCY CONTACT:

I have completed the MEDICAL/EMERGENCY CONTACT Form which authorizes ST. JAMES PRESCHOOL to seek emergency medical care for my child as deemed necessary by the Director or the Director's designee.

Parent acknowledgment: _____ Date: _____

WALKING TRIPS:

___ YES, I give permission for my child, _____ to participate in walking trips within the school's neighborhood, which may include visiting local businesses and schools.

___ NO, I DO NOT give permission for my child, _____ to participate in walking trips within the school's neighborhood.

Parent acknowledgment: _____ Date: _____

MEDIA RELEASE

___ YES, I give permission for my child, _____ to be photographed while participating in school activities. I understand that these photographs may be used to provide information about programs and activities to the public through school system presentations, publications and/or in the local newspapers. I understand that the photograph may be viewed by the general public and that in no instance will the last name of a student be used.

Parent acknowledgment: _____ Date: _____

___ NO, I do NOT give permission for my child, _____ to be photographed while participating in school activities.

Parent acknowledgment: _____ Date: _____

DEPT. OF CHILDREN & FAMILIES - INFORMATION TO PARENTS

I (We) have read/received the Information to Parents for my (our) home records. .

Parent/Guardian 1 acknowledgment / Date

Parent/Guardian 2 acknowledgment / Date