

**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: \_\_\_\_\_

**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