

Permission Form For _____ Dated_____

I hereby give my permission to the Easter Preschool staff to act in a medical emergency situation and for appropriate medical staff to administer emergency treatment to my child.

Signed _____

Please list those who are authorized to access children's health records

I hereby give my permission to Easter Preschool to take my child on supervised walks in the neighborhood.

Signed _____

I give my permission for my child to be photographed in the program, program functions and field trips, and the photographs may be used for the purpose of publicity, including social media. (Facebook) I understand that the photographs may be taken by school staff, professional photographers, news media or other parents.

Signed _____

I have received a copy of the school's policies and understand them.

Signed _____

I have read and agree to abide by Easter Preschool's tuition policy. I understand that there will be a late payment charge if I have not paid on the first day.

Signed _____

I understand that a fee of \$5 per child will be assessed for every 15 minutes I am late picking up my child.

Signed _____