

Student Name: _____, _____ DOB: ____/____/____
Last First

Photography/Media Release for Parkhills Preschool

Parkhills Baptist Church Children's Ministry has a Facebook page and website. Occasionally, photographs from preschool events are posted on these pages. Children's names are never posted. Please indicate your preference below:

☐ has my permission ☐ does not have my permission

Parkhills Preschool has a private Facebook group for parents and families. Permission is required to enter the group. At the end of the school year, any non-returning families will be removed. Pictures and videos may occasionally be displayed in the closed group. Children's names will not be posted. Please indicate your preference below:

☐ has my permission ☐ does not have my permission

Health Information

Is your child currently under a physician's care other than routine visit? ☐ Yes ☐ No

Does your child have any allergies? ☐ Yes ☐ No

If yes, please list allergies _____

Parent Agreement: I, _____, have read the Parkhills Preschool Parent Handbook and agree to abide by these policies. I agree to honor the non-refundable fee and monthly tuition payment schedule. In the event I need to withdraw my child from the program, I agree to give TWO WEEKS notice or pay for the two-week period. By signing this form, I am agreeing to abide by these policies.

Legal Restriction: Please attach appropriate documents

Medical Release: I, _____, parent/guardian, the undersigned, do

hereby grant permission for a representative of Parkhills Preschool staff to seek medical attention for my child,

_____ in the case of a medical emergency.
First Middle Last

I will not hold Parkhills Preschool financially responsible for the emergency medical care of my child. Parkhills Preschool **does not** assume any financial responsibility but does wish to provide emergency medical care.

Your signature gives the appropriate staff authority to call EMS and/or obtain medical attention for your child.

Parent/Guardian Signature

Date

Office Use Only: REG _____ SUP _____ CLASS _____ DAYS T / Th