

Visits, Trips, Excursions

I give Little Lambs Preschool permission to take my child on walking trips to places of interest such as public parks with the understanding that such trips are under the supervision of authorized staff and that all possible precautions are taken to ensure the health and safety of my child.

Date _____ Parent Signature _____

Emergency Medical Care

I authorize staff of Little Lambs Preschool to secure emergency medical care for my child when I cannot be immediately reached at the time of emergency. I will be responsible for emergency medical charges.

Date _____ Parent Signature _____

Christian Education

I understand that Christian education is part of the curriculum at Little Lambs Preschool and consent to this instruction.

Date _____ Parent Signature _____

Photograph Permission

I give permission for my child to be photographed when participating in activities at Little Lambs Preschool for publicity and publication.

Date _____ Parent Signature _____