



CHILD'S NAME _____ DATE _____

I understand that SUMC Weekday Preschool is an accredited preschool program through The United Methodist Preschool Association of the North Georgia Conference and operates under an exemption of licensure from Bright from the Start, The Georgia Department of Early Care and Learning.

Parent Signature _____ Date _____

I understand that SUMC Weekday Preschool uses photos and videos to routinely document learning in our classrooms. Photos, videos, and/or classroom work may be displayed in the classroom, hallways, newsletters and on the school's facebook page.

Parent Signature _____ Date _____

Our names, mailing address, email address and phone number may be included in a class list that may be distributed to the families in my child's class.

Parent Signature _____ Date _____

I give my permission for my child to receive minor first aid administered by staff personnel authorized by the preschool. This includes bandaids, Neosporin, Benadryl cream, and hydrogen peroxide.

Parent Signature _____ Date _____

I have read SUMC Weekday Preschool Handbook and understand and agree to the school's procedures and well child policy.

Parent
Signature _____ Date _____

If you do not wish to give your permission for any of the above, please list the item below: