



Kid's LIFE Christian Preschool

Life Fellowship of Frederick

451 Oak Street, Suite 100

Frederick, CO 80530

Director: Kandis Osborn 720-443-1160

Church website: lifefrederick.org

Email: Kidslife@lifefrederick.org

Permission Form – Field Trips/Media/Programs 2018-2019

Please use black or blue ink when filling out this form.

STUDENT NAME: _____ AGE: _____

DATE OF BIRTH: _____ / _____ / _____ HEIGHT: _____ WEIGHT: _____ GENDER: _____

PARENT #1: _____ PARENT #2: _____

PERMISSIONS GRANTED TO: Kid's Life Christian Preschool:

I give permission for my child to go on field trips (walking) away from the premises of Kid's Life Christian Preschool.

___Yes ___No *Notice will be given to families prior to the field trip and a notice will be posted with the following info: contact information, location, and time of return. Any field trips that require transportation will require a new and SPECIFIC field trip form.

PERMISSIONS for Kid's Life Christian Preschool:

I give permission to have my child photographed for school pictures. ___Yes ___No

I give permission to have my child participate in news media coverage. ___Yes ___No

I give permission for Kid's Life Christian School to use and copyright all photographs, film, video, and/or recordings taken of this student by school staff (or their representatives) and understand that the preschool may use reproductions, alterations, or additions to them. I also understand that these reproductions may include Life Fellowship of Frederick and Kid's Life Christian Preschool websites. ___Yes ___No

I give permission for my child to participate in all program activities except for the following:

_____ (Please specify) ___Yes ___No

I give permission to use: Bug Spray ___Yes ___No; Sunscreen ___Yes ___No; Lotion ___Yes ___No

Other (If 'Other', please specify) _____ Yes ___No

My child may participate in the use of media (TV, music, director deemed appropriate computer/ipad games, etc.)

___Yes ___No. Kid's Life Christian Preschool will restrict all media to G/PG rating. Parent comments:

I ATTEST THAT ALL INFORMATION ON THIS FORM IS ACCURATE AND GIVE COMPLETE CONSENT TO THE STAFF OF KID'S LIFE / LIFE FELLOWSHIP CHURCH TO TAKE SUCH ACTION (EVEN ADMITTANCE TO A HOSPITAL) AS THEY DEEM NECESSARY IN CASE MY CHILD NEEDS MEDICAL ATTENTION WHETHER ON OR OFF CAMPUS.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____