

# FIRST CHURCH OF CHRIST PRESCHOOL PERMISSION FORM

## 1. PERMISSION TO PICK UP CHILD

I hereby give my permission for the following person(s) to pick up my child,  
\_\_\_\_\_, from FIRST CHURCH OF  
CHRIST PRESCHOOL:

\_\_\_\_\_  
(Name) (Relationship to child) (Phone)

\_\_\_\_\_  
(Name) (Relationship to child) (Phone)

\_\_\_\_\_  
(Name) (Relationship to child) (Phone)

If someone other than the persons listed above will be picking up my child, I will send a **WRITTEN** permission form, stating the name and relationship of that individual, and the date when the child is to be picked up by that individual.

The following person(s) may not pick up my child:

\_\_\_\_\_  
(Name) (Relationship to child)

\_\_\_\_\_  
(Name) (Relationship to child)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

## 2. ACKNOWLEDGEMENT OF THE PROGRAM GUIDELINES

I have read and understood the program guidelines for the FIRST CHURCH OF CHRIST PRESCHOOL.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

## 3. PERMISSION FORM FOR PUTTING YOUR CHILD'S PICTURES ON THE FIRST CHURCH OF CHRIST WEBSITE.

\_\_\_\_\_ I give First Church of Christ Preschool permission to use pictures of my child, or other family members, on the Preschool Ministries website. I understand that my child's name will not be posted with any picture used.

\_\_\_\_\_ I ask that NO photos of my child or any family member be posted on the First Church of Christ Preschool Website.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

**4. EMERGENCY MEDICAL PERMISSION FORM**

In case of emergency, the staff of FIRST CHURCH OF CHRIST PRE-SCHOOL will call 911.

I hereby give permission for the FIRST CHURCH OF CHRIST PRESCHOOL staff to assess the situation and administer first aid. I also give permission for my child \_\_\_\_\_ to be transported to and receive emergency medical treatment at Hartford Children's Hospital, if necessary.

\_\_\_\_\_  
(Doctor) (Phone Number)

\_\_\_\_\_  
(Dentist) (Phone Number)

Parent or other responsible adult:

\_\_\_\_\_  
(Name) (Relationship to child) (Phone)

\_\_\_\_\_  
(Name) (Relationship to child) (Phone)

Please note any special health problems, disabilities, allergies, or other conditions:

\_\_\_\_\_  
\_\_\_\_\_

Do any of these require special treatment? If so, explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

**5. PERMISSION TO PARTICIPATE IN FIELDTRIPS**

I hereby give permission for my child, \_\_\_\_\_, to participate in field trips scheduled by the FIRST CHURCH OF CHRIST PRESCHOOL.

I understand that for each individual field trip, I will receive a separate permission form that will tell me where the children will be going, the date of the trip, the time of departure and return, and the kind of transportation that the class will be using. Also, I will have an opportunity to attend the field trip.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)