

Terwillegar Community Preschool
Permissions Form

Child's Name: _____

Parent/Guardian Name: _____

Emergency Permission

In case of emergency, I authorize the staff of Terwillegar Community Preschool to provide medical care to my child. Should it be necessary, I give my permission for ambulance services to be used, and hospital care to be given. I will be responsible for any expenses incurred.

Signature of Parent/Guardian

Date: MM/DD/YY

Out of Classroom Permission

I give the staff of Terwillegar Community Preschool permission to take my child out of the classroom for outdoor activities, such as neighbourhood walks. (Other field trips will require a separate permission form.)

Signature of Parent/Guardian

Date: MM/DD/YY

Photo Permission

I give the staff of Terwillegar Community Preschool permission to take photographs of my child, which may be displayed within or outside the classroom as well as on the church premises.

Signature of Parent/Guardian

Date: MM/DD/YY

Agreement & Understanding

I have read the parent information pages and agree to the policies laid out within them. I understand that I have until August 31st to inform the Preschool Director that I wish to withdraw my registration, at which time my first month tuition cheque will NOT be cashed. I do understand that once my registration has been confirmed by the Preschool Director, I will not receive back my \$60 registration fee, even if I do withdraw prior to August 31st.

Signature of Parent/Guardian

Date: MM/DD/YY