**TLC Christian Preschool**

**Authorization and Consent Form**

**Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Medical:**

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I authorize TLC Christian Preschool to transport my child to the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hospital (or nearest hospital) and to secure any necessary medical treatment. I understand that the teachers in the preschool are trained in the basics of First Aid/CPR and I authorize them to give my child first aid when appropriate.

**□ Yes □ No**

**TLC Christian Preschool Parent Handbook:**

I have received a copy of the TLC Christian Preschool Parent Handbook. I have read the handbook carefully and have asked questions about any sections that were not clear to me.

**□ Yes □ No**

**Walking Trip Permission:**

I hereby give permission for the teachers to take my child off the school premises for walks in the neighborhood and to play at Institute Park on Salisbury Street. I understand that the teachers may be reached by cell phone and will bring a first aid kit at all times when leaving the premises. The teachers will notify me at arrival time if a walk or trip to Institute Park is planned.

**□ Yes □ No**

**Sunscreen Application:**

I authorize the teachers at TLC Christian Preschool to apply sunscreen to my child in the afternoon, if necessary.

**□ Yes □ No**

**Photography Authorization:**

During the course of the school year, we will often take photographs or make audio/video recordings of the children involved in indoor and outdoor activities for educational, informational or promotional purposes as well as for our family events. At no time, will any photograph or recording of any child be sold for commercial purposes.

I grant permission for photographs and recordings of my child taken by the TLC Christian Preschool Staff to be used in print, on the preschool/church website, in the preschool/church’s newsletters, bulletins, programs, or in preschool/church video presentations. Children will not be identified by name by any TLC Christian Preschool Staff member. I understand that if I object to any particular picture in print, it will be removed as soon as possible.

**□ Yes □ No**

**Facebook:**

I grant permission for my child’s photograph or video recording to be used on our TLC Christian Preschool Facebook page. Children will not be identified by name by any TLC Christian Preschool Staff member.

**□ Yes □ No**

***Parent Signature Date (over)***

**Transportation Plan**

**Child’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MY CHILD WILL ARRIVE AT THE PROGRAM:** **MY CHILD WILL DEPART FROM THE PROGRAM:**

\_\_\_\_\_\_\_\_Parent drop off \_\_\_\_\_\_\_\_\_\_Parent pick up

\_\_\_\_\_\_\_\_Supervised walk \_\_\_\_\_\_\_\_\_\_Supervised walk

\_\_\_\_\_\_\_\_Unsupervised walk \_\_\_\_\_\_\_\_\_\_Unsupervised walk

\_\_\_\_\_\_\_\_Public/Private van \_\_\_\_\_\_\_\_\_\_Public/Private van

\_\_\_\_\_\_\_\_Program bus/van \_\_\_\_\_\_\_\_\_\_Program bus/van

\_\_\_\_\_\_\_\_Private trans. arranged by parent \_\_\_\_\_\_\_\_\_\_Private trans. arranged by parent

\_\_\_\_\_\_\_\_Other \_\_\_\_\_\_\_\_\_\_Other

**Release of Child**

I hereby authorize TLC Christian Preschool to release my child at the end of the school day to the following persons only **(other than parent/guardian)**. I understand that if any person other than those listed below will be picking up my child that I must send notification in writing to school with my child on that day. If no one is authorized other than the parent/guardian, please indicate “NO ONE” below.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parent/Guardian Signature* *Date*