

Child's Name _____ Class _____



**GROWING WITH GRACE PRESCHOOL
GENERAL PERMISSION/CONSENT FORM**

MEDICAL

I give permission to Growing With Grace Preschool/Grace Lutheran Church to take whatever emergency measures are judged necessary for the care and protection of my child while under the supervision of the center. I hereby grant permission for staff members to obtain emergency medical treatment for my child and, if necessary, have my child transported to the nearest hospital for any immediate treatment deemed necessary by the hospital staff.

I hereby grant permission for my child to use all the play equipment and participate in all the activities associated with the Growing With Grace Preschool/Grace Lutheran Church. Growing With Grace Preschool/Grace Lutheran Church and the staff are not responsible for any cost due to accidental injury, or illness, for any persons, on or off, Grace Lutheran Church property.

Yes ___ No ___

Signature of Parent or Guardian

EMERGENCY CONTACTS (IF PARENTS CANNOT BE REACHED)

(Please list contacts as close to Grace Lutheran Church as possible.)

1)
Name _____ Phone _____

Address _____ Relationship _____

2)
Name _____ Phone _____

Address _____ Relationship _____

BEHAVIOR/DISCIPLINE POLICY

Appropriate rules, which guide the behavior of children, will be emphasized & carried out in a non-threatening manner. Disruptive behavior will be reported to the parents and a meeting will be arranged if needed with the parents & GWG staff. The child may be removed from GWG for a time period or removed from the program altogether. The Preschool Director and Preschool Board will determine the course of action. Tuition refunds will be voted on by the Preschool Board.

PICK-UP AUTHORIZATION

I authorize the following people to pick up my child in the event that his/her parent cannot. I understand a written notice must be given to one of the teachers if someone other than said parent or those listed below is picking up my child.

- 1) Name _____ Relationship _____ Phone _____
- 2) Name _____ Relationship _____ Phone _____
- 3) Name _____ Relationship _____ Phone _____

PHOTOGRAPHS

I hereby grant permission for my child to be included in pictures connected with the Growing With Grace Preschool/Grace Lutheran Church. I relinquish any rights in the finished photos or negatives. Yes _____ No _____

INTERNET/SOCIAL MEDIA

I hereby grant permission for my child to be included in student pictures featured on Growing With Grace Preschool/Grace Lutheran Church web pages and/or the Growing With Grace Preschool Facebook/Instagram Social Media accounts. In no case shall a student's name, home address or telephone number appear in conjunction with any website or social media publication. Yes _____ No _____

GWG STUDENT DIRECTORY

I authorize that my name, address, phone number, and email may be released to other GWG families/staff in the directory. I understand that this information is not to be used for solicitation. Yes _____ No _____

If yes, please list information you want to be included in the directory:

Phone number(s): _____

E-Mail(s): _____

I have read the foregoing agreements and accept the conditions stated herein.

Signature of Parent or Guardian

Printed name of Parent or Guardian _____