

A Time to Grow Pre-School

PERMISSION FORM/LIABILITY WAIVER

RE: _____
(child's name)

I consent to the enrollment of the Child listed above and have been advised of the policies regarding fees. I accept the responsibilities for payment of the school tuition according to the designated tuition payment schedule.

I assume all risks and hazards incidental to the conduct of A Time to Grow Preschool and to hereby further release and hold harmless A Time to Grow Preschool and the preschool staff. I give permission to a licensed physician or hospital staff to administer emergency medical care deemed necessary for my child or myself when normal permission is unavailable. I certify that my child is in good physical health and have no limitations other than those I have listed on my child's information record, which may predispose my child to risk during this program. I also fully realize that I must provide proper hospitalization. A Time to Grow Preschool does not provide medical insurance coverage.

I give permission for my child to be:

_____ photographed during school activities

_____ videotaped during school activities

_____ my child's image may appear in print or online promoting the school's activities, including the school's website, promotional brochures and the school's Facebook page. I understand that my child's name will not be used to identify my child.

The following person/persons have my permission to pick up my child from pre-school/pre-kindergarten class:

NAME

TELEPHONE NUMBER

Parent/Guardian Signature

Parent/Guardian Signature

Date