

Larchmont Avenue Church Preschool

60 Forest Park Ave * Larchmont, NY 10538
p: (914) 834-3984 * f: (914) 834-1832 * info@LACPreschool.com

PERMISSION FORM 2017 - 2018

Child's name: _____

I hereby grant permission for my child to use all of the play equipment and participate in all activities of the school.

I hereby grant my child permission to leave the school premises under the supervision of a staff member for neighborhood walking trips and daily playground time. Any other field trips will require a special permission slip signed by me.

I hereby grant permission for my child to be included on the LAC website, in evaluations and pictures connected with the school program.

I hereby grant permission for the Director or acting Director to take whatever steps necessary to obtain emergency treatment if warranted. These steps may include, but are not limited to, the following:

1. attempt to contact the parent or guardian
2. attempt to contact the child's physician
3. attempt to contact parent through any of the persons listed on the emergency information sheet you completed for us.
4. If we cannot contact you or your child's physician we will do any or all of the following:
 - a. call another physician or the paramedics
 - b. call an ambulance
 - c. have the child taken to an emergency hospital in the company of a staff member.
5. Any expenses incurred under 4 above, will be borne by the child's family.
6. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

I hereby grant permission to the school to include my child's and my name, address, email and phone number on a class list. Class lists are for the exclusive use of the families enrolled in the Preschool.

I hereby grant permission for the administrator and teachers to view the forms completed during registration.

Mother / Guardian Signature Date

Father / Guardian Signature Date