



# CHRIST CHURCH PRESCHOOL & KINDERGARTEN

## 2019-2020 Consent/Release Form

<b>FAMILY/LAST NAME:</b>	
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### CHILD/REN'S INFORMATION

<b>I. CHILD</b>	<b>FIRST NAME:</b>
<b>II. CHILD</b>	<b>FIRST NAME:</b>
<b>III. CHILD</b>	<b>FIRST NAME:</b>

<b>DIRECTORY RELEASE</b>	I grant permission for Christ Church Preschool & Kindergarten ("CCK") to publish our family's home address, email addresses, cell phone and home phone numbers in the school directory.
	<input type="checkbox"/> <b>Yes, I grant permission.</b> <input type="checkbox"/> <b>No, I do not grant permission.</b>
	<b>Parent Signature:</b> _____ <b>Date:</b> _____

<b>PHOTO/ SOCIAL MEDIA RELEASE</b>	<p>Photographs serve as great medium to document and share the great things happening at CCK. These pictures could be used in the following ways:</p> <p>(1) Child's Portfolio (2) Bulletin Boards (3) Slideshows (4) Newsletters (5) School Website (6) Password protected portals (i.e. Shutterfly, Bloom) (7) Social Media (i.e. Facebook, Instagram) (8) Emails and texts from CCK staff to fellow classmates.</p> <p>We would like to display pictures of children learning in the classrooms and participating in special activities and CCK family events.</p> <p><b>It is the policy of CCK not to publish any identifying information with photographs.</b></p>				
	<p>I grant permission for photographs of my child/ren to be used as stated above.</p> <input type="checkbox"/> Yes <input type="checkbox"/> No				
	<b>OR</b>				
	<input type="checkbox"/> I grant permission for photographs of my child/ren to be used as stated above with the exception of:				
	<table border="1" style="width: 100%;"> <tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>				
<b>Parent Signature:</b> _____ <b>Date:</b> _____					

<b>CONSENT FOR MEDICAL TREATMENT</b>	<p>I hereby grant my authorization for CCK personnel to administer first aid treatment for minor injuries. In the event of a serious and/or life threatening injury/occurrence (i.e. trauma, seizure), it is understood that CCK will call 911 prior to locating parents and/or emergency contacts. CCK personnel are hereby granted authorization to take whatever action they deem necessary in their judgment, for the betterment of the health of my child/ren including, but not limited to, emergency transportation.</p>
	<p><b>Parent Signature:</b> _____ <b>Date:</b> _____</p>

<b>ACTIVITY PERMISSION</b>	<p>I understand and agree that my child/ren may be attending activities in the Sanctuary, All Saints Hall, Learning Center, Science Lab, Playground(s), CCK Classrooms, and various rooms/venues throughout the Christ Church campus under the supervision of CCK personnel. I hereby grant permission for my child to participate fully in such activities.</p>
	<p><b>Parent Signature:</b> _____ <b>Date:</b> _____</p>

***FOURS AND KINDERGARTEN ONLY***

<b>OFF CAMPUS FIELD TRIPS PERMISSION</b>	<p>CCK Fours and Kindergarten classes will be attending several off-campus field trips throughout the school year. Students will be transported in cars owned and operated by CCK parents. Each student will be required to use age-appropriate child-restraint devices while in the car. I grant permission for my child/ren to ride with another CCK parent on any CCK field trip.</p>
	<p><b>Parent Signature:</b> _____ <b>Date:</b> _____</p>

***FOURS AND KINDERGARTEN ONLY***

<b>PERMISSION TO RELEASE INFORMATION</b>	<p>I grant permission for CCK to release information to independent and public schools upon my request.</p>
	<p><b>Parent Signature:</b> _____ <b>Date:</b> _____</p>