

Noah's Ark Christian Preschool Authorized Pick-Up and Various Release Form

Child's **complete** name _____
Child's **preferred** name _____ Birth date _____ Sex- **M** **F**
Parent's Name _____ Phone _____
List siblings and their ages _____

Address _____
Parent's cell #s or alternate #s _____
Parent's E-mail address _____
Child care provider (if used) _____
Provider address _____ Phone _____
Church Affiliation Yes No Where? (Optional) _____

AUTHORIZED PICK-UP LIST

Please list below anyone that you might have pick-up your child from Preschool and note the relationship to the child. No one picks up a child unless you place them on the list and they have ID if we need to see it. In case an urgent addition needs to be made to the list, a name may be added by phone as long as parent identity is established.

Name	Relationship to child	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WALKING FIELD TRIPS / OFF CAMPUS TRIPS

My child has permission to participate in spontaneous walking field trips on the grounds or in the neighborhood, when he/she is with the group and accompanied by a teacher. I also understand that off-campus field trips, requiring the parent to provide proper supervision, will be planned. Students will be dismissed to home from these trips.

Signature of Parent or Guardian _____

PHOTOGRAPHY RELEASE

I release and authorize use of, any & all photographs or digital images of my child by Noah's Ark Christian Preschool for classroom use, publicity and or advertisement purposes, without further notice or compensation.

Signature of Parent or Guardian _____

LIABILITY

I release Barbee Memorial Presbyterian Church / Noah's Ark Christian Preschool of any and all liability for accidents or illness resulting from improper and/or careless action by my child.

Signature of Parent or Guardian _____