



Permission Form

Child's full name

Child's birth date

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

I grant permission for my child to leave the nursery school premises for neighborhood walks under the supervision of staff members.

I grant permission for my child to be photographed by nursery school personnel for use in class projects, school bulletin boards and non-public school-related projects such as class photos, portfolio documentation, and private, classroom specific sharing sites.

I understand that my child's pictures will not be used in public forums (Facebook, brochures, and school website) without my prior authorization.

I grant permission to be contacted by SPCNS at the email and phone numbers I provide which includes the following delivery channels Constant Contact and Remind.

I grant permission for our family's contact information to be published in our school directory which is used internally by our staff and other Nursery School families.

I grant permission for my child's developmental level to be assessed through the use of the *Shadyside Presbyterian Church Nursery School's Developmental Checklist*. The results of these assessments will be shared with me during conferences and kept confidential in my child's file.

If in the event of a situation requiring medical attention I am unable to be contacted, I grant permission to The Shadyside Presbyterian Church Nursery School to take whatever steps may be necessary to obtain emergency medical care for my child. If the school cannot contact me, my child's pediatrician or my emergency contact, I grant authorization to do any or all of the following: consult with the school nurse; have the child taken to the emergency room of an area hospital in the company of a staff member. I will be responsible for any expenses incurred.

By signing this form, I certify that I understand my responsibilities to pay tuition in a timely manner, comply with the policies and guidelines outlined in the Parent Handbook, provide the school with information regarding my child's medical, emotional and developmental needs, and participate fully in my child's educational life.

Signed: _____ Date _____
(Parent or Legal Guardian)