



Student Name: _____

Release Information

*You will be asked to sign a release for the following policies.
If you have any questions, please talk with the director at your
interview.*

- I grant permission for my child to use all of the play equipment and participate in all the activities of Christ Lutheran Preschool.
- I grant permission for my child to leave the center premises under the supervision of a staff member for walks and on pre-announced field trips.
- I have no objection to my child being included in photographs, slides, audio or video recordings taken at the center or on center field trips, which may be used for the purposes of interpreting the center program. I understand that any recording or observation will be done only with the consent of the director and under the supervision of the classroom teacher.
- I understand that I must notify Christ Lutheran Preschool of my whereabouts when I am not at the locations (phone numbers) indicated on the emergency care card.
- I agree to inform Christ Lutheran Preschool of any and all personal changes in circumstances which would affect the child at the center, i.e. marriage, separation, divorce, change in employment or enrollment status, change in address or phone number.
- I have received a copy of the Parent Handbook and agree to follow the center policies as stated in the handbook as well as those listed above. A copy of the Preschool Handbook is available on our website: <http://www.lutheranschool.org/preschool.html>.
- I acknowledge that I have received the Parents Rights form (LIC995) and the Personal Rights Form (LIC613A) from Community Care Licensing.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____



**CHRIST LUTHERAN
SCHOOL & PRESCHOOL**
LA MESA CALIFORNIA

Student Name: _____

Medical Release Form

Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance.

In case of an accident or emergency, I authorize a staff member of Christ Lutheran Preschool to take my child to the physician noted on the emergency care form or to the nearest emergency hospital for such emergency treatment and measures that are deemed necessary for the safety and protection of the child; as well as emergency medical transportation as deemed necessary, at my expense.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____