



Permission Agreement

Regarding Curbside Drop-off:

I give permission for my child to be brought to the classroom by a preschool staff member. I understand my child will be met at the east driveway 5 minutes before class begins and if we are not there by that time, I am responsible for bringing my child to the classroom. **Initial OK** _____

Regarding Walks:

_____ has my permission to take walks outside with his/her class during the current school year. In all cases, these walks will be completed during the normal school hours.

Initial OK _____

Regarding pick up of my child:

I have completed an emergency card which lists those individuals who may pick up my child. I understand that for anyone not listed to be able to pick up my child, I will need to send a signed and dated note. **Initial OK** _____

Regarding photographs/Videos:

_____ may have his/her picture/video taken during the school year for school use such as a scrapbook, class projects, end of the year Power Point, school brochures, private Shutterfly, individual and composite class picture by Lifetouch Photography, social medias or news releases without compensation. Photos may be used on the Augustana web site-preschool link without names listed. I understand that the photos/videos will not be used for research or sold by the school to any outside entity. **Initial OK** _____

Nurse consultant:

I give my permission for the nurse consultant assigned to Augustana Preschool to look at my child's health records during the annual program review. **Initial OK** _____

Regarding Discussions with Local School Districts:

I hereby grant permission for the Director of Augustana Preschool or my child's teacher to discuss my child's development with school professionals from my child's district of residence. **Initial OK** _____

Regarding Parent Handbook

I agree to read through the Augustana Preschool Parent Handbook when received in September prior to the start of the school year to refer to and abide by the policies and procedures stated within throughout the school year. **Initial OK** _____

Parents/Guardian Signature

Date

Please Note: If there any of the above sections that you did not initial OK for permission, please contact the director to discuss and clarify prior to the start of Fall classes.