



## PERMISSION AGREEMENTS

Please read each bullet point and place checkmark by each one.

Child's Name: \_\_\_\_\_

(Please print full name)

- I/We give permission for the Step By Step Preschool staff to seek emergency medical treatment (per SBS Health Policy) for my/our child in the event that I/we cannot be contacted immediately.
- I/We give permission for my/our child to participate in walking field trips around the Dix Hills Evangelical Free Church property that Step By Step Preschool may conduct.
- I/We give permission for my/our child's photograph to be taken and used for public relations and fundraising purposes for Step By Step Preschool. Yes  No
- I/We assume full responsibility for the transportation of my/our child to and from Step By Step Preschool. I/We assume responsibility for escorting my/our child to the proper school location at the start of the school day and for picking up my/our child at the proper school location at the end of the school day unless Step By Step staff and director are otherwise notified.
- Parents of students in each class will be provided with a printed Class List containing each child's name, birth date, address, and the names, phone number(s), and email address(es) of parents. Such lists may be useful to arrange play dates and parties with other students and are not shared with other parties or posted online.  
I/We grant my permission for my/our and my/our child's information to be included on my/our child's Class List. Yes  No

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_