



Authorizations & Acknowledgements

Child's Name: _____

School Age Children

My child attends the following school and his/her immunizations and vision/hearing records are on file at the school and all immunizations are current. (Please check appropriate box)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

RB Godley Elementary	604 N. Pearson St. Godley, TX	(817)592-4410
Legacy Elementary	309 N. Pearson St. Godley, TX	(817)592-4380
Pleasant View Elementary	7800 Silo Mills Pkwy. Joshua, TX	(817)592-4430

Permission for Transportation

I hereby give my consent for Punkin Patch to transport my child on field trips, before and after school pickups and any other planned trips away from the center. I understand that all precautions will be taken to ensure the health and safety of my child. I realize Punkin Patch's responsibility for students who attend public school begins when the child is on the bus/van. I understand Punkin Patch/staff are not responsible for circumstances beyond its/their control.

Signature Parent/Guardian: _____

Date: _____

Permission for Water Activities

I hereby give my consent for my child to participate in water activities. These may include but are not limited to: wading, free swim, and water play. I understand all possible precautions will be taken to safeguard the well-being of my child. I understand Punkin Patch/staff are not responsible for circumstances/conditions beyond its/their control.

My child is able to swim without assistance (please circle one) Yes No

Does your child have any physical, health, behavioral or other conditions that would put them at risk while swimming (please circle one) Yes No

Do you want your child to wear a life jacket while in or near a swimming pool (if yes you will need to provide a Type I, II, or III U.S. coast Guard-approved personal floatation device (please circle one) Yes No

Signature Parent/Guardian: _____

Date: _____

Special Activities Statement

I hereby give my consent for my child to participate in special activities provided by the center. I understand any additional fees for these special activities will need to be paid separate from tuition.

Signature Parent/Guardian: _____

Date: _____

Acknowledgments

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|--------------------------|-----|--------------------------|----|--|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | I have received the Punkin Patch Operational Policies |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | I acknowledge receipt of the Discipline and Guidance Policy |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | I give my consent for Punkin Patch to use photographs of myself and my child/ren for software, |

Signature Parent/Guardian: _____

Date: _____