

# ST. BARTHOLOMEW PRESCHOOL PROGRAM PERMISSION AND RELEASE FORM

Child's Full Name \_\_\_\_\_

## Electronic Communication:

I understand that St. Bartholomew Preschool will be using email to share important information with parents. Below I am providing at least one active email address to be used for email communication. I understand that I may include more email addresses, especially those of people involved in the drop-off or pick-up of my child. *(Email addresses will not be shared with other people or organizations without your permission. If you do not have access to a computer or email, please advise the Preschool Director.)*

Email Address	I give permission for this email address to ALSO be shared with the Parent Teacher Committee.
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Medical Treatment:

I release the staff members affiliated with the St. Bartholomew Preschool, St. Bartholomew Catholic Church and the Archdiocese of Galveston-Houston from any and all liability in case of accident, injury or illness occurring while on the premises of the school or participation in a school-related activity. With the understanding that every reasonable effort will be made to contact me in the event of an emergency, I authorize those adults in charge of the Program and any physician selected by said adults to provide emergency medical care for my child as determined by them in their sole discretion, should such be deemed necessary.

**[Please indicate your agreement by initialing here: \_\_\_\_\_]**

## Photography:

I hereby grant St. Bartholomew Preschool to allow my child or myself to be photographed. It is my understanding that this photograph or portions thereof may be used for public view for educational or marketing purposes. I agree to participate without financial remuneration, and I understand that this releases St. Bartholomew and the Archdiocese of Galveston-Houston from any future claims, as well as from any liability arising from the use of said photograph. **[Please indicate your agreement by initialing here: \_\_\_\_\_]**

## Permissions:

I grant permission for my child, named above, to:

Use all of the play equipment and participate in all of the activities of the school. **[initial here: \_\_\_\_\_]**

Take supervised walking "field trips" to other areas of the Church's premises (ex., Sanctuary, Prayer Garden, etc.) **[initial here: \_\_\_\_\_]**

Parent Name (printed) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_