

In School Picture/ Video Permission Form:

I hereby grant permission to St. Paul UMC Preschool to photograph my child. It is my understanding that these photographs will be solely for the projects in the preschool and the video- type presentations to be viewed in the school.

Name of Child: _____

Address: _____

City, State, Zip: _____

Signature of Parent or Guardian

Date

Email Permission Form:

During the school year, St. Paul Preschool will be sending out emails containing general information and important updates. At no time will your email address be shared or used for any other types of mass email messaging. Please complete the bottom portion of this letter and return it to the front desk to let us know if you would like to receive emails from St. Paul Preschool or not.

Yes, I would like St. Paul Preschool to email me general information and important updates.

Please list any email addresses that you would like St. Paul Preschool to send information and important updates to:

Email Address: _____

Email Address: _____

No, I do not wish to receive emails from St. Paul Preschool.

Signature of Parent or Guardian

Date

I _____ have received and read **St. Paul Preschool Handbook including the Discipline Policy**. I agree to make timely payments and understand the policies that are in the handbook.

2012/2013

School Year

Signature of Parent or Guardian

Date

2013/2014

School Year

Signature of Parent or Guardian

Date

2015/2016

School Year

Signature of Parent or Guardian

Date

**St. Paul United Methodist Preschool
4901 Gulf Breeze, Fl. 32563
(850) 932-0692**

Emergency Treatment Release Form

Date

To Whom It May Concern:

I, _____, give the Director or authorized representative of St. Paul Preschool permission to seek and authorize medical treatment by hospital for any necessary procedure in case of emergency or sickness for the following child:

Name: _____ Date of Birth: _____

I will not hold the center or medical personnel responsible. This was done with the understanding that every attempt will have been made to contact the parents, the child's physician and other persons listed on the emergency contact form.

Family Physician(s) is/are (Name, address and phone number):

Medical Insurance (Name, Policy # and phone number): Yes__ No__

Signature of Parent or Guardian

Date 2012/2013

Signature of Parent or Guardian

Date 2013/2014

Signature of Parent or Guardian

Date 2015/2016