

CROSS OF GLORY NURSERY SCHOOL

Cambridge Drive, Aberdeen, NJ

PERMISSION STATEMENTS

EMERGENCY CONTACTS AND AUTHORIZATION FOR ADULTS OTHER THAN PARENTS TO PICK-UP YOUR CHILD

My child, _____, may be released to the following adult(s) who have my permission to pick up my child from school:

Name of responsible adult:	Phone:	Relationship to your child:
1. _____		1. _____
2. _____		2. _____
3. _____		3. _____

Please note that your child can only be released to the above mentioned person(s) who would also be able to assume responsibility for your child in an emergency if you cannot be reached. Please notify the above person(s) that they will need to have photo ID and will need to sign in when picking up your child from school.

_____	_____
Parent's Signature	Date

BLANKET PERMISSION FOR NEIGHBORHOOD WALKS

I give my permission for my child (name) _____, to participate in walking trips in the neighborhood around Cross of Glory Nursery School.

I understand that the walking route includes no safety hazards and that at least 2 adults will accompany the children on the walks.

_____	_____
Parent's Signature	Date

PHOTO RELEASE

I give my permissions for my child (name) _____, to be photographed for classroom purposes and for possible newspaper releases or articles about Cross of Glory Nursery School.

_____	_____
Parent's Signature	Date