



Permission Agreement 2018-2019

Please initial to the right of each item, sign at the bottom and return.

Child's Name (first & last): _____

A. I/We grant permission for my child to participate in all of the activities of the school and use all of the play equipment, unless exceptions are noted here. _____ (Initial Here)

Exceptions: _____ (Initial Here)

B. I/We grant permission for my child to participate in programs in the Chapel, Sanctuary, Social Hall, Davis Lounge, Youth Lounge, Library, Upstairs Classrooms, Discovery Room, Gymnastics Studio and STEAM Lab. _____ (Initial Here)

C. I/We grant permission for my child to go to the playground and/or on neighborhood walks under the supervision of a SMNS teacher/staff member. _____ (Initial Here)

D. I/We hereby grant permission for the staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:
• Administer first aid
• Attempt to contact a parent or guardian
• Attempt to contact the child's physician
• Attempt to contact the parent through any of the persons listed on the emergency information form completed for the school. (Note: It is the PARENT'S responsibility to keep this card up to date.) _____ (Initial Here)

Any expenses incurred above will be the responsibility of the child's family. _____ (Initial Here)

E. I acknowledge that I have received and read a copy of the SMNS Parent Handbook, including the Discipline Policy and agree to abide by the policies and guidelines. This will be discussed further at parent orientation. _____ (Initial Here)

F. I/We grant permission for my family's name, address, email address and telephone number to be printed in the School Directory. _____ (Initial Here)

G. I/We understand that photos and videos may be taken throughout the school year of my/our child by SMNS teachers and Temple Shalom staff for internal communications and external marketing purposes **(NO NAMES WILL BE PUBLISHED EXTERNALLY)**. By initialing here, I acknowledge that I must submit a written request to David Cohen, Nursery School Director (david.cohen@templesholom.com) if I/we would like to limit any photo/video permissions. _____ (Initial Here)

The school will not be responsible for anything that happens as a result of false information given at the time of enrollment.

Parent or Legal Guardian Name (Please PRINT) _____

Parent or Legal Guardian Signature

Date