

I agree to bring my child to the St. Bartholomew Preschool Program and leave him/her under the direct supervision of a staff member present in my child's assigned classroom. I understand school hours are from 9:00 AM - 1:50PM. I will not bring my child to school before 9:00 AM. I will make every effort to bring my child to school on time unless we have an emergency or illness. The St. Bartholomew Preschool Program assumes no responsibility for children who are not brought directly to a staff member. A child may never be left by themselves in the classroom or parking lot.

PARENT PERMISSION RELEASE AND AUTHORIZATION FOR MEDICAL TREATMENT

I grant permission for my child named in the space provided below to:

- Use all of the play equipment and participate in all of the activities of the school.
- Leave the school premises under the supervision of a staff member for neighborhood walks.
- My child may be included in evaluations and pictures connected with the school program.

I hereby grant permission to 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. 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.

Furthermore, I release the staff members affiliated with the St. Bartholomew Preschool Program, St. Bartholomew Catholic Church and the Galveston-Houston Diocese 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.

**Effective School Year: 2012 to 2013**

Name of child \_\_\_\_\_

Address \_\_\_\_\_ City and Zip Code \_\_\_\_\_

- ( ) YES, my child may be photographed.  
( ) NO, my child may not be photographed.

Parent/ Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

PARENT OR GUARDIAN \_\_\_\_\_

State of Texas County of Harris

Sworn and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, in the  
Year \_\_\_\_\_; a duly commissioned notary public in and for the State of Texas.

**\*\* This document must be notarized and turned in prior to your child attending school.**