

# ST. BARTHOLOMEW CATHOLIC PRESCHOOL PERMISSION AND RELEASE FORM

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

### Electronic Communication:

I understand that St. Bartholomew Catholic 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 Catholic 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 permission or  do NOT grant permission] to St. Bartholomew Catholic 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.

### Permissions:

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

Yes  No Use all of the play equipment and participate in all of the activities of the school.

Yes  No Take supervised walking "field trips" to other areas of the Church's premises (ex., Sanctuary, Prayer Garden, etc.)

Notarization: *(PARENTS, please do NOT complete this portion until in the presence of a licensed Notary Public. Thank you!)*

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

Parent Signature \_\_\_\_\_

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.

Notary Public \_\_\_\_\_ Seal: