



Child's name _____ **Date** _____

I/WE UNDERSTAND the following authorizations shall remain in effect until July 1, 2024.

Signature of parent/s or guardian/s and date

PHOTOGRAPHIC RELEASE: I/We hereby consent and authorize Sunrise Preschool to take and use pictures or video of my/our child(ren) at school or school functions. The pictures and/or video may be used for educational and/or public relations purposes, and may appear on the Sunrise/St Mark website, in newspapers, and/or other media.

Signature of parent/s or guardian/s and date

INFORMATION RELEASE: I am willing for Sunrise Preschool to release my name, phone number, and/or address to another adult associated with Sunrise Preschool/St Mark Church during this 2023/2024 school year.

Signature of parent/s or guardian/s and date

I/WE understand that the Sunrise @ St Mark Church/Preschool does not have insurance for students transported in private vehicles.

Signature of parent/s or guardian/s and date

I/WE AGREE TO SUBMIT IN WRITING any changes to the information I/we have provided on this form including, but not limited to changes in employment, phone number/s, address, and medical information.

Signature of parent/s or guardian/s and date

I/WE UNDERSTAND that the \$95 registration fee I am paying for _____ (child's name) is NOT refundable and is non-applicable.

Signature of parent/s or guardian/s and date

EMERGENCY MEDICAL PERMISSION:

PART ONE: In the event reasonable attempts to contact me (parent)

_____ at (phone number) _____ or (other parent)

_____ at (phone) _____

have been unsuccessful, I hereby give my consent for (1) the administration of any treatment necessary by

Dr. _____ (preferred physician/phone)

and/or Dr. _____ (preferred dentist/

phone) or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist,

(2) the transfer of the child to _____

(preferred hospital) or any hospital reasonably accessible.

Facts concerning the child's medical history including allergies, medications, and any physical impairments to which a physician should be alerted:

Signatures of each parent or guardian and date

Part Two: (Do not complete if you completed Part One) I DO NOT GIVE MY CONSENT FOR EMERGENCY MEDICAL TREATMENT OF MY CHLD. In the event of illness or injury requiring medical treatment, I wish the school authorities to take NO action or to:

Signature of each parent or guardian and date

I/WE UNDERSTAND these authorizations shall remain in effect until July 1, 2024.

Signature of parent/s or guardian/s and date