



Permission Slip

Child's Name: _____

Parent(s) Name(s) _____

Special Authorizations:

I give permission to Aleph Preschool for the following:

___1. To take my child on supervised walking trips around the neighborhood or to Twin Lakes Park on 26th Street.

___2. To take photographs and/or videos with school camera(s) or the classroom iPad, of my child and to use the photos/videos in publicity for the school (such as brochures, newspaper articles, social media, etc.)

___3. To apply sun screen to my child during outdoor play.

___4. To use diaper wipes on my child.

___5. To distribute our family's names, addresses, and phone numbers to other families in my child's class. I understand that these lists may not be used for commercial purposes.

**Please note: You may cross out and initial any area in which you do not wish to give permission.*

My signature indicates that I have read and understood the above permission authorizations, in section one and that I grant permission as indicated.

PARENT SIGNATURE: _____ Date: _____

Medical Insurance

In case of an injury occurring at school, parents are required to submit all medical bills to their own insurance company. Those expenses not covered by the parent's insurance coverage will be covered by the school's supplementary insurance policy. To implement this insurance coverage, we must know the name of your medical insurance company and the policy number.

Insurance Company: _____

Policy Number: _____