

# PWS Parent Agreement and Release Form

Parent's Name \_\_\_\_\_ Child's Name \_\_\_\_\_

You may give complete or partial permission by checking all or selected items below

- PWS Parent Handbook-** I agree to read and comply with the policies stated in the PWS Parent Handbook.
- Internet Safety Policy-**I have read and understand the Internet Safety Policy and agree to comply to all the guidelines.
- Permission to be Photographed/Videotaped/Audio taped-**I understand that PWS children may be video/audio taped and photographed for publications, newspaper articles, posters and presentations. I give permission for such use of recordings to be made of my child. Anonymity will be maintained—no identifying information (such as my child's name) will be presented. PWS provides learning experiences for college students as a research facility. As a result, we receive requests to accommodate observations, assignments and research from higher education students.
- Field Trips**—I give permission for my child to take occasional group excursions off the PWS campus. Families will be notified before field trips are taken and a signed permission slip is required. All Preschool Program field trips are within walking distance of our campus. Kindergarten Program students will go on trips that require transportation. If I do not desire my child to go on a field trip I agree that he/she will not attend PWS on that school day.
- Lab School—College Student Assignments and Research Projects-** I understand that college students, under the supervision of their lecturers, may assess, interview or conduct activities for children at PWS.
- Emergency Medical Permission--**I grant PWS permission to obtain emergency medical treatment for my child if I cannot be reached.
- Arrival/Departures--**I agree that a responsible adult will walk my child to his/her classroom door each day and pick them up from the classroom teacher to formally transfer responsibility of my child's care.
- Phone Number, e-mail address and mailing address-**I give permission to have my phone number(s), e-mail address and mailing address distributed to other PWS parents on the class list and school directory.
- Sunscreen and Mosquito**—I agree to apply sunscreen or mosquito protection to my child **prior** to arrival to PWS each scheduled school day if I desire the application of these products on my child.
- Allergies-**If my child has allergies, I give permission to have it posted in the classroom and the snack area of the school.
- Locating Information-** When my locating information should change (cell phone, home phone, e-mail address) I will update the PWS office as quickly as possible by informing the PWS office and my child's teachers in writing.

Please list persons authorized to remove child(ren) from PWS:

Name of Person	Home Phone	Work Phone	Cell Phone	Relationship to Child

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_