

# Holy Comforter Episcopal Kindergarten

543 Beulah Road, NE  
Vienna, Virginia 22180

## Permission Form 2026-2027

Child's Name: \_\_\_\_\_

I give permission for my child's address, phone number and email address to be distributed to:

Kindergarten families in my child's class.      YES      NO

*For room parent communications*

HCEP & K School Wide Directory      YES      NO

I give permission for my child to be included in pictures connected with the schools:

Classroom Site (ClassDojo)      YES      NO

*Teachers take photos to give parents a glimpse of classroom activities (this is a password protected site)*

HCEP & K Website      YES      NO

HCEP & K Facebook Page      YES      NO

I give permission for my child to use all of the play equipment & participate in all of the activities of the school.

YES      NO

### Certification, Acknowledgment, Waiver and Release

I certify that my child is fit and able to attend Holy Comforter Episcopal Preschool and Kindergarten ("HCEP & K") and participate in its activities; that I have provided to HCEP & K a written description of any special needs and medical conditions of my child; and that my child is covered by adequate health care insurance. I understand and acknowledge that, while HCEP & K will endeavor to provide reasonable care for my child, injury or property damage may occur. With this understanding, and in exchange for the benefit of my child attending HCEP & K, I assume the risk of any injury or damage and I waive any claims, including future claims, that I, my spouse, my child's other caregiver(s), or my child may have against HCEP & K and/or The Church of the Holy Comforter and/or any of their employees, directors or volunteers, arising from my child's attendance at HCEP & K or participation in its activities; and I release such parties from such claims.

\_\_\_\_\_  
Printed Name      Signature      Date

Relationship to Child: \_\_\_\_\_

\_\_\_\_\_  
Printed Name      Signature      Date

Relationship to Child: \_\_\_\_\_