Holy Comforter Episcopal Preschool

543 Beulah Road, NE
Vienna, Virginia 22180

Permission Form

2027-2028

Child's Name: _____

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

Preschool 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 preschools:

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 ("HCEP") and participate in its activities; that I have provided to HCEP 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 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, 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 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 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: _____