

## LEGAL ACKNOWLEDGEMENTS

- ✓ I assume full responsibility for my child \_\_\_\_\_ en route to and from Anne Sullivan Preschool which includes to and from the classroom.
- ✓ I give permission for my child \_\_\_\_\_ to participate in the field trips which Anne Sullivan Preschool conducts around the property on which the school is located. This includes supervised music activities, observation of nature, Physical Education classes, etc.

## DROPPING OFF/PICKING UP CHILDREN

### Signing in/Out

State regulations require that the adult who drops off or picks up a child sign him/her in and out. A sign-in sheet is made available near the front entrance of each room. Parents should fill in their *full legal name* and the *time*.

### Authorized Pick up

**ONLY** authorized adults will be allowed to pick up a child. The following are approved authorizations:

- Persons whom parents have included on their child's registration papers under the section "PERSONS AUTHORIZED TO PICK CHILD UP FROM SCHOOL and PERSONS WHO MAY BE CALLED IN EMERGENCY"
- Persons for whom the parents have provided A signed written permission
- **In the event of a natural disaster (such as an earthquake)** the children cannot be removed from the facility unless he or she is authorized by you to call in case of emergency or to pick up your child. Children will be released to someone with a signed written permission.
- Parents or legal guardian of the child

Any authorized person will be asked to show appropriate identification if he or she is unfamiliar to the staff \_\_\_\_\_ member releasing the child.

**Late Fee:** If your child is picked up after the closing time of 5:30 a fee of \$10.00 every fifteen minutes will be \_\_\_\_\_ charged.

## OUT-OF-STATE CONTACT

In the event of a major disaster, it may prove impossible to contact parents due to an overload on local telephone lines. In such circumstances, the school administration may be able to contact an out-of-state number, provided by you below, and provide information regarding the well-being of your child. You will then be able to contact this person and be reassured of your child's care.

Please inform me regarding my child via this out-of-state contact: Name \_\_\_\_\_

Location \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_