

give - consent for my child to participate in Field Trips.

CHECK ALL THAT APPLY: I hereby _____ give _____ do not give consent for my child to be transported and supervised by a PCC employee

_____ for emergency care _____ on field trips _____

PUBLISHED PHOTOGRAPHS:

I hereby ___ give I hereby _____ do not give consent for my child's photograph to be in

_____ Longview News Journal _____ PCC website _____ PCC Facebook

WATER ACTIVITIES:

Toddlers through Kindergarten: I hereby give I hereby do not give consent for my child to participate in Water Activities. Splash pads, sprinklers, and baby pools.

I GIVE PERMISSION TO PCC TO USE MY EMAIL ADDRESS AND PHONE NUMBER FOR OTHER PARENTS AT THE SCHOOL

PARENT'S NAMES _____ *YES* _____ *NO*

CHILD HEALTH RECORD

Required by: Texas Department of Health

ADMISSION REQUIREMENT: One of the following must be presented when your child is admitted to PCC or within one week of admission.

Please check only one option:

- 1. HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find he/she is physically able to take part in the day care program.

_____ Health Care Professional's signature

_____ Date

- 2. A signed and dated copy of a health care professional's statement is attached.

- 3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed affidavit stating this.

CONTRACTUAL AGREEMENT

1. This agreement is a contract binding both school and parent.
2. This contract may be terminated by the SCHOOL at any time if the child is unable to adjust or participate in group activities, and by the PARENT only with a written request to the Board of Directors stating specific reason for withdrawal.
3. If any of the above information changes, the parent will inform the Director and update this form as needed.

PARENT/GUARDIAN _____

DATE _____