

Parental Permissions

Class List Permission

I agree to have my child's name, address, telephone number, birthday, and
parents' or guardians' names included in the class list that is distributed to all
members of the class for the 2024-25 school year.

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Parent/	Guara	llan s	Signature

Date

Photo Permission

During the school year, photographs of the children may be taken while they are learning and playing. I understand these photographs of my child and/or any copies of these photographs may be used in any preschool newsletter, brochure, yearbook, handbook, poster, website, social media or other promotional material produced by Pioneer Preschool.

Yes, I give permission to Pioneer Preschool to use photos of my child during
the 2024-25 school year in private school communications and public
promotional materials . (i.e. school newsletter, social media, yearbook,
brochure)

I give permission to Pioneer Preschool to use photos of my child in the current school year's Pioneer Preschool private communications only . (i.e. School
Newsletter, school yearbook)

_	7 No, I do not want photos of my child used in any publications,	private or
	public, during the 2024-25 school year.	

Parent/Guardian Signature

Date

General Grounds Permission

I give my child permission to accompany the classroom teacher on walking trips to the church interior rooms (i.e. narthex, sanctuary, library, kitchen, other classrooms) and the outside grounds, including the outside classroom and playground of Pioneer Church for the 2024-25 school year.

Parent	/Guardia	an Signature
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Date

SIGN & RETURN TO SCHOOL

RELEASE OF LIABILITY/INFORMED CONSENT/ASSUMPTION OF RISK WAIVER Pioneer Preschool 2024-2025

Student's name: _____ date of birth:____

Parent's name:
I request to enroll my child in the 2024-2025 school year. The undersigned acknowledges, appreciates, and agrees (on the minor's behalf) that:
1. My participation, and the participation of my child in this activity is purely voluntary.
2. Participation in this school year includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, COVID-19, and others. While rules, recommendations, plans and procedures may reduce this risk, the risk of serious illness and death does exist. In addition, I acknowledge, agree, and understand that because the building is open for use by other individuals (connected to or through Pioneer Presbyterian Church), as well as other students, I recognize that there is always a risk.
3. I willingly, knowingly, and voluntarily agree to fully comply with the terms and protocols established by Pioneer Preschool to help reduce the possible contraction and/or spread of the COVID-19 virus and/or other infectious diseases. Moreover, I understand that if I fail to fully comply with the terms and protocols established by the school and/or the commitments I have agreed to in this Release, I am subject to immediate removal from enrollment until reinstated by the Pioneer Preschool Direct and Board.
4. I understand that Pioneer Preschool takes the safety and welfare of their students very seriously. Pioneer Preschool and each member of the staff, and Instructor will do our best to keep each child from harm by offering a safe learning environment. Our students are young and are still working on coordination and controlling their bodies and actions, therefore some events are not within our control. We will always do our best to keep each child safe.
I certify that I am the parent/legal guardian of the above-named student; that I have read and understand this Release of Liability and Assumption of Risk Agreement. I certify that I have explained the risks and dangers to my child. I hereby release and hold harmless the Pioneer Preschool and Pioneer Presbyterian Church, Its Partners in Education, teachers, volunteers, other employees and staff, including enrichment teachers, board members and agents from any liability actions, causes of action, claims, judgments, cost or expense including attorney fees, known or unknown at this time, arising out of or in any way related to any illness, injury or accident incurred by my child while enrolled at Pioneer Preschool. I have voluntarily chosen to allow my child to participate and assume all dangers and risks of such participation.
Child's name: D.O.B
Parent/Guardian:Name: Please print name:
Date: