

Permissions

If you **DO NOT** give permission to any of the below items, please place a line through them and initial. If you agree to give permission, please initial each item.

Child's Name: _____

1. I give Gateway Fairport Nursery permission to take my child on walks in the village of Fairport (Potter Park, Library, Firehouse). _____ (4 year olds only)
2. I give Gateway Fairport Nursery permission to administer basic first aid to my child in the event that it is needed. _____ (Basic first aid would include, washing injury with water, bandaid and or ice pack.)
3. In the event of an emergency I give Gateway Nursery Fairport permission to call 911 and to allow the EMS staff to decide on best course of treatment.

4. I give Gateway Fairport Nursery permission to share my child's contact information on a Friendship List for the class. This list is used for parents to contact each other to arrange play dates, birthday parties, etc. _____

- Child's Name, Parent's Name, Address, Phone Number, & Email

5. _____

will be the PRIMARY (most often) pick up person for my child.

6. I give my permission for my child to be photographed and those photos to be shared with the classroom families. _____

Parent's Name (Print): _____

Parent's Signature: _____

Date: _____

I give Gateway Fairport Nursery, Inc my permission to release my child _____ to anyone one on the list below.

Name	Relationship

Parent Signature

Date

What name would like us to call your child: _____

What name would you like us to practice writing with your child:

I have read the Gateway Fairport Nursery handbook (located on the website (www.gatewayfairport.com) and agree to it's terms.

Parent Signature

Date