

Permission Agreement 2023-2024

Please initial to the right of each item, sign at the bottom and return.

Child's Name (first & last): _____

- A. I/We grant permission for my child to participate in all of the activities of the school and use all of the play equipment, unless exceptions are noted here.

Exceptions: _____ (Initial Here)

- B. I/We grant permission for my child to participate in programs in the Chapel, Sanctuary, Social Hall, Davis Lounge, Youth Lounge, Library, Upstairs Classrooms, Discovery Room, Gymnastics Studio and STEAM Lab.

(Initial Here)

- C. I/We grant permission for my child to go to the playground and/or on neighborhood walks under the supervision of a SMNS teacher/staff member.

(Initial Here)

- D. I/We hereby grant permission for the staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

- Administer first aid
- Attempt to contact a parent or guardian
- Attempt to contact the child's physician
- Attempt to contact the parent through any of the persons listed on the emergency information form completed for the school. (Note: It is the PARENT'S responsibility to keep this card up to date.)

Any expenses incurred above will be the responsibility of the child's family.

(Initial Here)

- E. I acknowledge that I have received and read a copy of the SMNS Parent Handbook, including the Discipline Policy and the Abuse & Neglect Policy. The Director or Administration has discussed these policies with me. I agree to abide by these policies and guidelines.

(Initial Here)

- F. I/We grant permission for my family's name, address, email address and telephone number to be printed in the School Directory.

(Initial Here)

- G. I/We understand that photos and videos may be taken throughout the school year of my/our child by SMNS teachers and Temple Sholom staff for internal school communications and any external school marketing purposes **(NO NAMES WILL BE PUBLISHED EXTERNALLY WITHOUT YOUR CONSENT)**. By initialing here, I acknowledge that I must submit a written request to David Cohen, Director of Schools (david.cohen@templesholom.com) each school year if I/we would like to limit the above photo/video permissions.

(Initial Here)

***The school will not be responsible for anything that happens
as a result of false information given at the time of enrollment.***

Parent or Legal Guardian Name (Please PRINT) _____

Parent or Legal Guardian Signature

Date