

GOOD SHEPHERD CHILDREN'S CENTER
3139 COUNTY RD. - ROUTE 516
OLD BRIDGE, NEW JERSEY 08857
732-679-8887 (P)

SCHOOL PERMISSION FORMS

Child's Name: _____

Birth Date: _____

School Equipment

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school.

Parent's Signature _____ Date _____

Emergency Care

I hereby grant permission for the Director or Head Teacher to take whatever steps that may be necessary to obtain emergency medical care if warranted. The following steps may be taken:

1. Attempt to contact the student's parent or guardian
2. Attempt to contact parent through any of the persons listed on the emergency forms
3. If we cannot contact the student's parent or guardian, we will do the following:
 - a. Call the Old Bridge Township First Aid Squad
 - b. Have the Child taken to the Old Bridge Regional Hospital in the company of a staff member
 - c. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Parent's Signature _____ Date _____

Telephone Release Form

Occasionally, the staff at Good Shepherd Children's Center may be asked for your phone number so that you can be contacted. This may occur if a parent would like to set up a play date, or if the Church needs to contact you.

_____ I give GSCC permission to release my phone number to anyone related to the school.

_____ I choose not to have my phone number released to anyone related to the school.

Parent's Signature _____ Date _____

Walking Permission Slip

On occasion the children may take a walk outside the fenced area for nature walks or just for exercise. These walking trips are not always planned. By signing this permission slip you are giving Good Shepherd Children's Center permission to take your child on a walk with his/her classmates. The walks will never be off our property, and the students will be supervised and walk in a line. This may also be used for playing, doing group activities, or eating lunch picnic style, on the grassy areas outside of the school doors.

If you choose not have your child participate in this activity, please indicate your wish below.

_____ I give my child _____ permission to participate in walking field trips. (name)

_____ I choose not to have my child _____ participate in walking field trips (name)

Parent's Signature _____ Date _____

Photo Release Form for Minors

The Good Shepherd Children's Center has my permission to use my child's photograph publically to promote the school. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

_____ I give GSCC permission to use my child's photograph publically to promote the school

_____ I choose to NOT give GSCC permission to use my child's photograph publically to promote the school

Parent's Signature _____ Date _____