



## PARENT COMMITMENT

As parents, we (I) understand that we are entering into an educational partnership with Precious Little Lambs Preschool. We commit ourselves to:

- Uphold and support the mission and ministry of Precious Little Lambs Preschool.
- Work closely with the teachers in carrying out all aspects of our child's education.
- Observing scheduled class times and informing the school when my child will be late or absent.
- Have regular communication with the teacher and if available volunteer when needed.
- Read the parent handbook and support the teaching staff and administration by following all policies and procedures.
- Meeting tuition obligations in a timely manner.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Contact Information of person(s) responsible for payment of tuition and fees IF DIFFERENT from names above.**

\_\_\_\_\_  
Responsible Party Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date

### Anticipated Payment Schedule

- One In-Full Payment due prior to September 15th (registration fee will be waived)  
 Ten Monthly Payments due August - May

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**Emergency Contact Information (person other than parents)**

\_\_\_\_\_  
Name/Relationship to child

\_\_\_\_\_  
Phone Number(s)

\_\_\_\_\_  
Child's Doctor

\_\_\_\_\_  
Phone Number



*PRECIOUS LITTLE LAMBS PRESCHOOL*  
*Liability Release*  
*2019-2020*

I, the undersigned parent/guardian of the student named below, agree to not hold Precious Little Lambs Preschool, Faith Lutheran Church, or its staff, liable for any accident or injury that may occur while my child is attending school. I further give my permission to the teachers and the director to contact my child's physician and or Deer Park Urgent Care to have my child treated for an emergency (at my own expense) when parent/guardian cannot be reached.

To the best of my knowledge my child is in good physical condition and has had either all necessary immunizations or I have provided the school a signed immunization opt out form. I assume full responsibility for my child when he/she is ill, and will not allow him/her to attend school while ill or not fully recovered from illness.

Student's Name: \_\_\_\_\_

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Parent/Guardian Signature

Date

*PRECIOUS LITTLE LAMBS PRESCHOOL*  
*Permission Slip*  
*2019-2020*

We are planning several field trips for the school year. As always we need and appreciate the help of the parents. We feel that it will be easier to keep track of permission slips if we have a slip to keep in our files. We will always let you know in advance when the field trips will be, as well as if anything special will be needed or any extra expense is involved.

Washington's Child Passenger Restraint Law (**RCW 46.61.687**) requires: Children under age 8, unless they are 4'9" tall (whichever comes first), must be restrained in an **appropriate child restraint system** (car seat or booster seat).

If your child is three years old and under 40lbs., he/she will need a forward-facing child seat. If your child is 4-5 years old and over 40lbs., he/she will need a booster seat. If you are unable to make it to the field trip, your child's car seat or booster will need to be left at the school that day.

If you have any questions or concerns, please contact the Director anytime, at 276-5268.

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My child \_\_\_\_\_, has my permission to go on field trips with Precious Little Lambs Preschool. I am familiar with the mode of transportation, leadership accompanying the group and other circumstances of the trip.

I understand that if I am unable to accompany my child to the field trip, I will be required to leave his/her car seat or booster at school that day for use in another vehicle.

I certify that my child is in good health and can participate in all normal activities, (state any exception below).

Health limitations:

\_\_\_\_\_

I understand that reasonable measures will be taken to safeguard the health and safety of the group. I will be notified as soon as possible in the case of an emergency. In case of sickness or accident, I authorize any necessary emergency procedures.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian signature)

*PRECIOUS LITTLE LAMBS PRESCHOOL*  
*Special Needs Information*  
*2019-2020*

*This form is designed to provide us with any addition pertinent information that you feel may help us with your child. Please fill out what you are comfortable with.*

Name of student: \_\_\_\_\_ Date: \_\_\_\_\_

1. Does your child have any fears we should be aware of? Please specify: \_\_\_\_\_

\_\_\_\_\_

2. Does your child have any allergies, asthma or other medical issues? \_\_\_\_\_

\_\_\_\_\_

3. Are there any foods your child should **NOT** eat? \_\_\_\_\_

\_\_\_\_\_

4. Is there anyone your child should **NOT** go home with? (please provide a copy of court orders if a **parent** is not allowed contact with the child) \_\_\_\_\_

\_\_\_\_\_

5. Do you as a parent have any special concerns or questions? \_\_\_\_\_

\_\_\_\_\_

6. Is this your child's first experience in a large group of children? \_\_\_\_\_

If Yes, what types of experiences has he/she had? \_\_\_\_\_

\_\_\_\_\_

7. Is your child \_\_\_\_\_ excited or \_\_\_\_\_ apprehensive about this school year?

What is he/she most excited or apprehensive about? \_\_\_\_\_

\_\_\_\_\_

*PRECIOUS LITTLE CAMBS PRESCHOOL  
Transportation Permission Form  
2019-2020*

*Listed below are the names and telephone numbers of people who may pick up my child while he/she is enrolled at Precious Little Cambs Preschool. I understand that unless a person's name appears on the list, he/she will not be allowed to take my child from the school premises unless prior arrangements have been made with the Teacher. You may make changes to this list at anytime, please contact the Director for access to your child's file.*

<u>Name</u>	<u>Telephone Number</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent/Guardian Signature)

*PRECIOUS LITTLE LAMBS PRESCHOOL*

*Photography Release*

*2019-2020*

I, the undersigned parent/guardian of the student named below, agree to let Precious Little Lambs Preschool, publicly post photographs of my child along with their first name only. This may include both inside the school/church building and on the school web-site as indicated below. If you have any questions about the manner in which photographs are used, please see the Teacher/Director.

\_\_\_\_\_ Yes, you may post photographs of my child within the school/church building.

\_\_\_\_\_ Yes, you may post photographs of my child on the school web-site.

\_\_\_\_\_ No, please do not post photographs of my child.

Student's Name: \_\_\_\_\_

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Parent/Guardian Signature

Date