SP PR DES Peschoo	Authorization and Consent Form
Child's name:	Date of Birth:
regulations of the scho medical forms, agreen	ment of my child in St. Spyridon Preschool and will abide by the rules and ool (<i>i.e. pay fees according to schedule, supply and update all required</i>
the hallways of St. Spy	on for my child's picture to appear on the walls of the classroom and in ridon Preschool/Cathedral. No
with text, in posters, so website or Facebook p understand that the w photograph will be ava	ns/Video: on to use my child's photograph and/or video in any manner, including chool brochures, newspapers and on social media including the school's age for the sole purpose of promotional intentions for the preschool. I eb site and publications have a large audience and that my child's iilable to the public and that no financial remuneration will take place. No
in the school directory facilitate your efforts to	on to include my child's name, my name, telephone number and/or email that is given out to all families. *The purpose of the directory is to o plan events or play dates for your child with his/her classmates.* No
the neighborhood, include phone and will bring a	on: on for the teachers to take my child off the school premises for walks in luding Elm Park. I understand that the teachers may be reached by cell first aid kit at all times when leaving the premises. The teachers will he if a walk to Elm Park is planned.



No

St. Spyridon Preschool Parent Handbook:

I have received a copy of the St. Spyridon Preschool Parent Handbook. I have read the handbook carefully and have asked questions about any sections that were not clear to me.

Yes

		No
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St. Spyridon Preschool Health Care and COVID-19 Policy:

I acknowledge receipt of the St. Spyridon Preschool Health Care Policy and COVID-19 Policy and will observe the illness policy as described.



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Occasional Observers:

I have been informed that occasionally there will be observers from developmental/behavioral specialists at St. Spyridon Preschool.

Hand Sanitizer:

Yes

Yes

I give permission for the use of hand sanitizer to be used periodically throughout the day as deemed necessary to clean hands when soap and water is not immediately available

No	
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No

Parent Signature

<u>Date</u>

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