

PARENT SIGNATURES

Wittenberg Lutheran Preschool Program

Child's Name: _____

A. PARENT HANDBOOK

I hereby agree to comply with the rules and regulations of Wittenberg Lutheran Preschool regarding fees, attendance, health, parking, clothing, and other items specified in the handbook issued by the Preschool each year. I am aware of the scheduled holidays. I have read the WLPP handbook and all my questions have been answered.

Parent: _____ Date: _____

Parent: _____ Date: _____

B. MEDICATION AGREEMENT

Please INITIAL the correct statement below and sign. A medication slip must be filled out and signed in order for us to administer medication. WLPP will not administer medication without a signed medication form and WLPP will not administer medication without written permission from a health care specialist to administer OTC medication.

____ I give permission for my child to take medication specified by me. All medications must accompany a licensed health care providers written permission.

Parent: _____ Date: _____

Parent: _____ Date: _____

C. PHOTO RELEASE – (please initial beside each in which you agree to release use of your child's photo)

I give permission for my child's picture to be taken and used for:

_____ Powerpoint Presentations _____ Website _____ Facebook
_____ Church Publications _____ WLPP publications

Parent: _____ Date: _____

Parent: _____ Date: _____

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Child's Name _____

D. DISCIPLINE POLICY AGREEMENT

I have read and agree with the Wittenberg Lutheran Preschool Program discipline policy.

Parent: _____ Date: _____

Parent: _____ Date: _____

E. EMERGENCY AUTHORIZATION

I, _____, authorize Wittenberg Lutheran Preschool Program to obtain emergency medical treatment for _____, as stated in the emergency policies of Wittenberg Lutheran Preschool.

Hospital preference: _____

Parent: _____ Date: _____

Parent: _____ Date: _____