

ABIDING BRANCHES COOPERATIVE PRESCHOOL
PARENTAL PERMISSION

Abiding Branches Cooperative Preschool has my permission to obtain medical attention for my child in an emergency if I cannot be contacted.

Signature _____ Date _____

I hereby give my permission for the staff of Abiding Branches Co-operative Preschool to release my name, address, and phone number to other members of the Cooperative. I understand that this list is not to be used to solicit sales or that I may not use it for that purpose.

Signature _____ Date _____

I realize that membership in the Cooperative group means that I fully share the financial responsibilities that are involved in the operation of the ABC Preschool and will take responsibility to pay my child's tuition in a timely manner.

Signature _____ Date _____

I understand that if I am not able to participate by helping in the room, I will be responsible for finding a replacement aide.

Signature _____ Date _____

I hereby give permission for my child's name and photo to be used in newspapers, films, or public bulletin boards relating to Abiding Branches Cooperative Preschool.

Signature _____ Date _____

I hereby give permission for my child to have supervised use of hand sanitizer.

Signature _____ Date _____

No employee of or volunteer for Abiding Branches Cooperative Preschool may be under the influence of a controlled substance or alcohol in any manner that impairs the person's ability to provide care or service to the children and the school. I agree to this statement.

Signature _____ Date _____

Abiding Branches Cooperative Preschool is a non-profit preschool. We do not discriminate on the basis of race, color, or national and ethnic origin in administration of our educational policies or admission policies. In accordance with the Internal Revenue Service guidelines, the preschool is required to track the race or ethnic background of all enrolled students as well as all staff members. Please take a moment now to indicate your child's race or ethnicity below.

_____ White _____ African American _____ Hispanic _____ Other
_____ Native American _____ Pacific Islander _____ Asian

Please provide the following information for the people helping out in the classroom for required background study:

1) Full Name _____ Birth Date _____
 First Middle Last mm/dd/yyyy

MN Driver's License # _____

Address _____

2) Full Name _____ Birth Date _____
 First Middle Last mm/dd/yyyy

MN Driver's License # _____

Address _____