

Red Bank UMC After School Program

I give permission for my child, _____ to be picked up from

_____ daily by Red Bank UMC After School.

Parent/Guardian Signature

Date

Bus Policy

-All children must remain seated on the bus at all times. If a child cannot remain seated on the bus a parent will be notified, if this behavior continues after 3 incidents have been documented and reported to parents, your child may be dismissed from the After School Program

-Noise on the bus must be kept at a low level, children are to speak to each other on the bus at an inside level. Yelling and screaming will not be tolerated. If your child continues to yell and scream on the bus a parent will be notified. If this behavior continues after 3 incidents have been documented and reported to parents, your child may be dismissed from the After School program.

-Children must keep all of their belongings with the at all times. Throwing things on the bus is not allowed. If your child continuously throws things on the bus a parent will be notified. If this behavior continues after 3 incidents have been documented and reported to parents, your child may be dismissed from the After School Program.

-Children are to keep their hands to themselves. No hitting, kicking or slapping on the bus. Please report any incidents to the bus driver as soon as possible so they may be addressed immediately. The safety of your children on this bus is out number one priority. We cannot have bus drivers distracted by children who are not following the rules. A distracted driver is a dangerous driver. Please help us keep your children safe by stressing to them how important it is that they follow all bus rules.

I have read and understand the bus policy. I have also discussed rules and policies with my child so that they are aware of the expectation of behavior when riding on the bus.

Parent/Guardian Signature

Date

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|---------------------------------------|--------------|
| Parent/Guardian Signature: | Date: |
|---------------------------------------|--------------|

Photo and Video Release

We take a lot of pictures here at RBUMC Preschool. We use these in creating bulletin boards, photo albums, educational projects, and more to show kids having fun, playing, and learning. We would like your permission to photograph/videotape your child for use in these projects.

I hereby (give/do not give) my permission for any photo/video to be used for marketing, to include but not limited to: albums, bulletin boards, advertisements, etc. for the discretionary use for Red Bank UMC Preschool.

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|---------------------------------------|--------------|
| Parent/Guardian Signature: | Date: |
|---------------------------------------|--------------|

Address and Phone Number Release

By signing below, I grant RBUMC Preschool permission to publish and distribute my child's name, address, birth date, phone number, and email address in a Parent Club Preschool directory for preschool parents.

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|---------------------------------------|--------------|
| Parent/Guardian Signature: | Date: |
|---------------------------------------|--------------|

Authentication for Emergency Information

I hereby grant permission for any staff person from the After School at Red Bank UMC After School to take whatever steps may be necessary to obtain emergency medical treatment for my child, _____. These steps include, but are not limited to the following:

- Attempt to contact parent or guardian
- Attempt to contact the child's physician
- Attempt to contact the parent through any of the person's listed below
- If we cannot contact you, we will call an ambulance OR have the child taken to the Emergency Room at Lexington Medical Center in the company of a staff person in his/her personal vehicle.

I also understand that I am responsible for any resultant medical treatment expenses.

Emergency Contact Information When Parents Can Not be Reached

1. Full Name: _____ Relationship: _____
Primary Phone: _____ Alternate Phone: _____
2. Full Name: _____ Relationship: _____
Primary Phone: _____ Alternate Phone: _____

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|---|--------------------|
| Parent/Guardian Signature: _____ | Date: _____ |
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Authorization for Release

If my child is to be picked up by anyone other than myself or spouse, I will notify the teacher in writing or in the case of emergency will call the Preschool. I understand that anyone listed below may pick up my child provided the school has been notified by my spouse or by me. These individuals must provide a picture ID.

Other Authorized People

1. Full Name: _____ Relationship: _____
Primary Phone: _____ Alternate Phone: _____

Authorization for Release continued

2. Full Name: _____ Relationship: _____
Primary Phone: _____ Alternate Phone: _____