

2024

Creative Minds Preschool Drop-In Permission Form

Date:

Child's Full Name:

Parent/Guardian Full Name:

Emergency Contact Information:

Name: _____

Relationship: _____

Phone Number: _____

Alternative Phone Number: _____

Special Instructions or Allergies (if any): _____

****Please provide any specific instructions or allergy information that the preschool should be aware of.****

Liability Release:

I recognize that participation in preschool activities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I hereby agree that my child may participate in these activities and I accept and assume such risks as part of their participation. I also agree to release Creative Minds Preschool, along with its staff and volunteers, from any claims or liabilities of any kind arising out of my child's participation in these activities.

Parent/Guardian Signature: _____

Date: _____