



## Plymouth Nursery School Permission Form

*Complete both sides and provide signatures wherever requested.*

### Pick-up Permission

I hereby give permission for my child to leave Plymouth Nursery School with the persons named below. I understand that it is my responsibility to notify the school in writing or by phone call of any changes.

**Name of person who may pick up**

**Relationship**

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Parent

Parent

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\_\_\_\_\_  
**Signature of parent or guardian**

\_\_\_\_\_  
**Date**

**Is there a separation or custody situation of which we should be aware?  
 If so, please explain:** \_\_\_\_\_

**Names of persons (if any) who may not pick up your child:**

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### Field Trip Permission

*Three-year-old and Pre-K classes only*

I give permission for my child, \_\_\_\_\_, to go on field trips with the staff of Plymouth Nursery School during the 2020-21 school year. I understand that I will be notified of each trip in advance.

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

**OVER**

## Parent Release

The Helping Parent program is an important part of the preschool experience here at Plymouth Nursery School. Parents are encouraged to be in the classroom as it fits into their schedules. This will be subject to guidance from the state in light of the current health situation. If possible, we suggest the following:

**Playtime for Twos-** 3 times; **Three-year-olds-** 3-6 times; **Pre-K-** 4-6 times

Your classroom teacher will give you more information about volunteer needs.

Please complete the declaration below. If two parents will volunteer, both must sign.

Name(s) of child(ren) enrolled at PNS: \_\_\_\_\_

\_\_\_\_\_

Parent name(s):

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Address (if different for 2<sup>nd</sup> parent): \_\_\_\_\_

I declare that, to the best of my knowledge, I am in good health, free of any communicable diseases and able to work with young children. I further declare that I have not been convicted of any law of any state or any child abuse or dependant adult abuse in any state. I understand that I am considered a mandatory reporter of child abuse while serving in the role of Helping Parent.

**Signature of parent** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of parent** \_\_\_\_\_ **Date** \_\_\_\_\_

Occasional volunteers, for example, a grandparent visiting from out of town, will be asked to sign a declaration upon arrival in the classroom.

### Release of contact information

By signing below, you give PNS permission to include your address, phone and email on a class list that will be distributed to other families in the class for the purpose of arranging carpools, play dates, helping parent dates, etc.

**Signature of parent** \_\_\_\_\_ **Date** \_\_\_\_\_

I give permission for my child to be photographed in conjunction with PNS activities. Photographs may be used in school related displays and publications including media coverage.

**Signature of parent** \_\_\_\_\_ **Date** \_\_\_\_\_