



**CROSSROADS
COMMUNITY
PRESCHOOL**

1803 14th Avenue NE
Calgary, AB
Canada
Email: jhohenstein12@gmail.com

crossroadspreschool.ca

CONSENTS FORM

FIELD TRIP CONSENT

I, _____, give consent for my child, _____
to play outside and attend field trips within walking distance of the preschool.

Parent Signature

FIRST AID CONSENT

I, _____, give my consent to have a teacher administer basic first aid to
my child, _____.

Date

Parent Signature

CONSENT TO PICK UP CHILD

I, _____, give my consent for my child, _____
to be picked up by the following person/people (ID may be requested at time of pick up)

Parent Signature

MEDIA CONSENT AND RELEASE

While attending the Crossroads Community Preschool (CPP), pictures may be taken of your child. Do you give permission to the Crossroads Community Preschool to photograph your child and/or use pictures of your child in printed material or in display form?

Yes No Parent Signature: _____

PLEASE BRING A COPY OR THE ORIGINAL OF YOUR CHILD'S BIRTH CERTIFICATE, IMMUNIZATION RECORD AND ALBERTA HEALTH CARE TO OUR ORIENTATION.

Payment can be made by credit card or automatic withdrawal (a void cheque and completed preauthorized payment form will be required at your orientation meeting.)
WE DO NOT ACCEPT CASH PAYMENTS.