

# The Little Lion's Playroom

State College High School  
Career and Technology Center  
231-4198

Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name of Parents or Guardians:

Mother \_\_\_\_\_ Father \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Home phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Work Place \_\_\_\_\_

Work Phone \_\_\_\_\_

Name and ages of siblings \_\_\_\_\_  
\_\_\_\_\_

Pets \_\_\_\_\_

**About your child:**

What social experiences has your child had? \_\_\_\_\_

\_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

\_\_\_\_\_

What are your child's thoughts about attending preschool? \_\_\_\_\_

\_\_\_\_\_

What do you think your child will gain from this school experience? \_\_\_\_\_

\_\_\_\_\_

List any allergies/restrictions or medical conditions that we should be aware of

\_\_\_\_\_

**Class list information:**

Many parents request a list of the children in the playroom for purposes such as carpools, play dates, and birthday parties. With your permission, a list will be compiled of all preschool students in the class. The list will only be given to parents of children in the playroom. Please circle your answer.

My child's name may be included on the list                      Yes    or    No

My child's address may be included on the list                      Yes    or    No

My child's home phone may be included on the list                      Yes    or    No

The parent's names may be included on the list                      Yes    or    No

If possible, I would like my child to be in the \_\_\_\_\_AM \_\_\_\_\_PM class.

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I give my consent for my child \_\_\_\_\_ to participate in "The Little Lions' Playroom" at State College High School, which is part of the Early Childhood Education Program in the Career and Technology Center.

I grant permission for my child to use all play equipment and participate in all activities of the playschool. I understand that a nutritious snack is planned and prepared by the students and will be served as part of the program.

I grant permission for my child to accompany the class to other areas of the high school with the supervision of a staff member.

I grant permission for staff members to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian.
2. Take the child to the school nurse for consultation.
3. Attempt to contact you through any persons listed on the emergency information form you completed.
4. If we cannot contact you, we will do any of the following:
  - a. call a physician or paramedic
  - b. call an ambulance
  - c. have the child taken to an emergency hospital
5. Any expense incurred will be the responsibility of the child's family.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

### Permission for Photographs

The playroom staff would like to take pictures of the children occasionally during the year. Pictures will only be used for appropriate purposes within the playroom. Examples of the pictures will be used include locker identification, nametags, art projects and yearbooks.

I, \_\_\_\_\_, grant permission for my child  
\_\_\_\_\_ to have his/her picture taken during the playroom.

Or

I, \_\_\_\_\_, do not grant permission for my  
child \_\_\_\_\_ to have pictures taken during the playroom.

### Permission for Walking Field Trip

As part of the playroom, we may walk around the neighborhood to enhance themes or activities. Permission needs to be granted in order to take your child off school grounds. Simple trips to the grocery store or nature/ theme walks are some examples of these trips.

I, \_\_\_\_\_, grant permission for my child  
\_\_\_\_\_ to walk around the neighborhood during the playroom.

Or

I, \_\_\_\_\_, do not grant permission for my  
child \_\_\_\_\_ to walk around the neighborhood during the  
playroom.

# Child Release Form and Emergency Information

Child's Name \_\_\_\_\_

*List the person who will be picking up your child on a daily basis.*

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Please list any other person (s) to whom your child may be released. Your child will not be released to anyone without written permission and photo ID. Please note if your child is to be released to someone other than those listed.

1.) Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

2.) Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

3.) Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

*Person to contact in an emergency when parents/guardians cannot be reached.*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_