

Permission Slip:

I hereby give St. Philip Lutheran School my consent to take my child on walking trips in the neighborhood and special excursions to places of interest. I consent to this, understanding that such trips are under the supervision of authorized personnel of the school, and that all possible precautions are taken to insure the health and safety of my child.

Please check "Yes" or "No" to provide your consent.

☐ Yes

☐ No

Parent Signature: _____

Media Release:

I further grant permission for St. Philip Lutheran School to use my child's image and voice in printed & electronic materials, with the knowledge that no last names will be used on a public document.

Please check "Yes" or "No" to provide your consent.

☐ Yes

☐ No

Parent Signature: _____

School Calendar Acknowledgement:

I have read the calendar for the 25/26 school year and acknowledge the days the school facility will be closed.

Parent Signature: _____

Extended Care:

My child will be using the extended care program.

☐ Morning Care

☐ Afternoon Care

Parent Signature: _____