#### HERITAGE CHRISTIAN SCHOOL/PRESCHOOL ◆ 2107 6<sup>TH</sup> STREET SW ◆ CANTON, OH 44706

PHONE: 330.452.8271 • FAX: 330.452.0672

#### **EMERGENCY MEDICAL AUTHORIZATION**

Student Name	Family Name		D.O.B. / /	Grade	
Street Address	City	Zip Code	Phone		
Purpose: To enable parents and gual become ill or injured while under sch Residential Parent or Guardian (nam	ool authority when parer	nts or guardians	cannot be reached.	children who	
Mother's Name					
Mother's Employer			Bus. Phone		
Email Address			D.I.		
Father's Name					
Father's Employer			Bus. Phone		
Email AddressOther Name	Day Phone		Dhana		
Employer Address Name of Relative or Childcare Provider					
Relationship					
PART I OR II MUST BE COMPLETED  PART I – TO GRANT CONSENT:					
I hereby give consent for the following	ng medical care providers	s and local hospi	tal to be called:		
Doctor	Ph	one			
Dentist	Ph	one		<del></del>	
Medical Specialist	Ph	one			
Local Hospital	Em	ergency Room P	hone		
In the event reasonable atter the administration of any treatment preferred practitioner is not available any hospital reasonably accessible. This authorization does not cophysicians or dentist, concurring in the surgery.	deemed necessary by abe, by another licensed phover major surgery unles	ove named doct ysician or dentis s the medical op	or, or, in the event the count the count the transfering of two other leading or the country of	he designated er of the child to icensed	
Facts concerning the child's r impairment to which a physician sho	, ,	allergies, medi	cations being taken,	and any physica	
Medications being taken, history of h	nospitalizations, diseases	child has had:			
Other medical information, food sup	plements, modified diets	, fluoride supple	ements		
CICNATURE OF PARENT/CHARRIAN					

### **EMERGENCY MEDICAL AUTHORIZATION – SIDE 2**

PART II – REFUSAL TO CONSENT: I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury emergency treatment, I wish the school authorities to take the following action:				
CICNIATURE OF DARENT/CUARDIAN	DATE			
SIGNATURE OF PARENT/GUARDIAN	DATE			
	 MPORTANT – ALL I	 PARFNTS		
	FILL OUT INFORM			
If we, the parent or guardian, cannot be or national crisis, I authorize these peop	•	• •	ı emergency	
NAME	RELATIONSHIP	PHONE		
1		<del>-</del> ,		
2				
3		<del>-</del> ,		
4		_		
5				
6				
We realize if there are any changes/addi	•		he	
SIGNATURE OF PARENT/GUARDIAN		DATE		

### HERITAGE CHRISTIAN PRESCHOOL PERMISSION FORM

#### **ANNUAL CLASS ROSTER**

Each year we prepare a roster for each group of children in our program. This roster will not be furnished to any persons other than parents of children enrolled in our program.

Parent's Signature:	d phone number to be listed on the parent roster Date:
	me and phone number to be listed on the parent roster.
Parent's Signature:	Date:
	PHOTO RELEASE
During the school year, we often do v	videotaping and still photos of the children in the classrooms.
These tapes and photos will be used for pare promoting our program.	ent review, discussion, for research purposes, press releases, and
the classroom:	to be included in videotaping and photos to be carried out in
CHOOSE ONE OPTION:	
o for any and <b>all</b> use.	
<ul><li>OR</li><li>o for yearbook and graduation slidesho</li></ul>	ow uso <b>only</b>
o lor yearbook and graduation sildesile	ow use <b>only</b> .
Parent's Signature:	Date:
I <b>DO NOT</b> give permission for my child	to be included in videotaping and photos to be
carried out in the classroom.	
Parent's Signature:	Date:
ROU	TINE TRIP PERMISSION
• ·	to participate in routine walking trips in the
-	vith the understanding that all possible precautions are taken to
insure the health and safety of my child.	<b>.</b>
Parent's Signature:	Date:
SUI	NSCREEN PERMISSION
I <b>GIVE</b> my permission for preschool s	taff to apply sunscreen when the weather indicates to.
Parent's Signature:	Date:
I <b>DO NOT</b> give permission for presch	ool staff to apply sunscreen when the weather indicates to.
Parent's Signature:	Date:

### SUMMER TUITION AGREEMENT Student's Name: Weekly installments are to be paid every Monday, in advance Self Pay of services. Payments more than 5 days late are subject to a \$25.00 late fee and possible termination of services. **JOBS** Monthly copays are due the first day of the JOBs monthly calendar, in advance of services. Payments more than 5 days late are subject to a \$25.00 late fee and possible termination of services. JOBS recipients, please refer to the Heritage Agreement for possible additional charges and fees. ANY FAMILY NOT CURRENTLY ENROLLED AS AN HCS STUDENT FOR THE UPCOMING SCHOOL YEAR MUST PAY WITH CASH, MONEY ORDER, OR CREDIT CARD FOR ALL SUMMER FUN CLUB CHARGES. NO CHECKS WILL BE ACCEPTED. In case of early withdrawal or termination for any reason, including expulsion, the current month's installment(s) must be paid. In case of separation or divorce, each parent is solely responsible for any and all charges incurred for the benefit of his or her child at Heritage Christian Preschool. Should the parents decide to split payments of that account, they may do so between themselves, then remit payment in full to the Preschool Director. Only one account will be opened per family. I agree to pay the summer tuition as marked above. Parent/Guardian Signature Parent/Guardian Signature Parent/Guardian Name Parent/Guardian Name Date Date Office Use Only: Preschool School Age Days of Attendance: Half or Full M T W Th F Signature of Preschool Director Date

We are planning a Field Trip for the Summer Fun Club. We will be leaving at 8:00 am and returning at 11:00 am. **Breakfast will be served at 7:30 am!** We will be traveling to the Massillon Recreation Center! We will be back in time for lunch. Please be sure to have your child in swim suits upon arrival and bring a change of clothes in a plastic bag. Please be aware that we cannot take siblings on field trips.



**WHERE**: Massillon Rec. Center

WHEN: TBA

**TIME**: 8:00am – 11am



the field

We are planning a Field Trip for the Summer Fun Club. We will be leaving at 8:30 am and returning at 12 pm. **Breakfast will be served at 8am.** We will be going to McKinley Park for a picnic lunch and fun at the Discover Museum! The sack lunches will be provided for the students. Please sure to have your child in play clothes and tennis shoes (no opened-toed sandals please). Please be aware that we cannot take siblings on field trips.

WHERE: McKinley Park & Museum

WHEN: TBA

**TIME**: 8:30am – 12pm



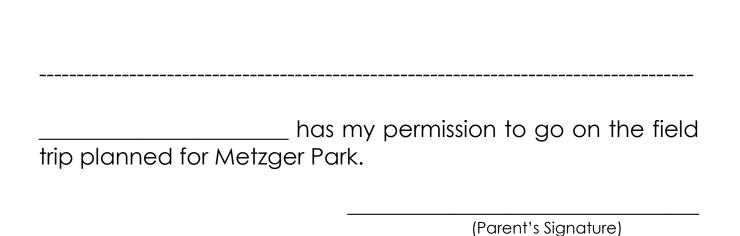
has r trip planned for McKinley Pa	my permission to go on the field rk & Museum.
-	(Parent's Signature)

We are planning a Field Trip for the Summer Fun Club. We will be leaving at 8:30 am and returning at 12 pm. **Breakfast will be served at 8am.** We will be going to Metzger Park for a picnic lunch and fun! The sack lunches will be provided for the students. Please sure to have your child in play clothes and tennis shoes (no opened-toed sandals please). Please be aware that we cannot take siblings on field trips.

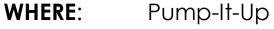
**WHERE**: Metzger Park

WHEN: TBA

**TIME**: 8:30am – 12pm



We are planning a Field Trip for the Summer Fun Club. We will be leaving at 8:30 am and returning at 12 pm. Breakfast will be served at 8am and sack lunches will be provided. We will be going to Pump-It-Up in Hartville. Children must wear socks!! Please be aware that we cannot take siblings on field trips.



WHEN: TBA

**TIME**: 8:30 am – 12 pm

