

School of Life Preschool

5501 S. LaSalle Ave
Chicago, Illinois 60621
773-324-2055

CENTER ACTIVITIES PERMISSIONS

1. This is to certify that I, _____, give my child _____, permission to participate in and be transported to pre-arranged class-sponsored and supervised field trips.

Date _____
Parent or Guardian

2. This is to certify that I, _____, give permission for my child _____, to have pictures, film or video taken which may appear in the news media.

Date _____
Parent or Guardian

3. I understand that no personal information on my child will be given out, nor will my child be involved in any kind of research project without my written consent.

Date _____
Parent or Guardian

4. This is to certify that I understand that School of Life Preschool is sponsored by Chicago City Life Center and as such will be incorporating religious instruction of an evangelical, protestant Christian nature into the daily activities, including Bible stories and songs, prayer time and learning Bible verses, as well as celebrating holidays from a Christian perspective.

Date _____
Parent or Guardian

5. This is to certify that I, _____, give permission for my child _____, to receive health care and treatment, including emergency first-aid from School of life staff , city emergency personnel, or doctors in the hospital.

Date _____
Parent or Guardian