St. Mark's Preschool & Kindergarten
3809 E. 3rd St. Tucson, AZ 85716 ◆ 520-325-1510 ◆ fax 520-323-0432 ◆ www.stmarkspreschool.com ◆ office@stmarkspreschool.com

Release & Permission Information

Child's Name _____ _____ _____
first **middle** **last**

Parent/Guardian _____ Parent/Guardian _____

Signature _____ **Signature** _____
(legal signature required) **(legal signature required)**

BOTH parents/legal guardians must sign above, unless there is a sole custodial parent/guardian.

Release Authorization

In addition to the legal guardians listed above my child may be released to the following persons:

Name (print) _____ **Name (print)** _____

Relationship _____ Relationship _____

Phone _____ Phone _____

Signature _____ Signature _____
(ID & signature required at 1st pick-up) **(ID & signature required at 1st pick-up)**

Name (print) _____ **Name (print)** _____

Relationship _____ Relationship _____

Phone _____ Phone _____

Signature _____ Signature _____
(ID & signature required at 1st pick-up) **(ID & signature required at 1st pick-up)**

Name (print) _____ **Name (print)** _____

Relationship _____ Relationship _____

Phone _____ Phone _____

Signature _____ Signature _____
(ID & signature required at 1st pick-up) **(ID & signature required at 1st pick-up)**

Name (print) _____ **Name (print)** _____

Relationship _____ Relationship _____

Phone _____ Phone _____

Signature _____ Signature _____
(ID & signature required at 1st pick-up) **(ID & signature required at 1st pick-up)**

Telephone Authorization for Release of a Child

The Arizona Department of Health Services Child Care Licensing regulations require that we have some means of verifying phone authorizations for release of children to a person not listed under *Release Authorization*. The code should not be shared with anyone else for the safety of your child. Only parent/guardians can authorize a release. Below, please identify some form of code (a password, a significant date, or set of numbers, etc.) that we will use to insure it is a parent on the phone. This code will be kept on file in the preschool office and with your child's teachers.

My ID Code Word for phone authorization for pick-up is _____

Please initial to indicate permission and understanding of the *telephone authorization procedure*:

_____ I give my permission for St. Mark's Pre & K staff to accept phone authorizations for the release of my child

_____ I further understand that to authorize the release of my child by phone, I must use my ID Code Word

_____ I further understand that the school cannot make any exceptions to these state mandated release procedures

Emergencies for the purpose of medical treatment, transport, or non-life threatening health crisis, please provide the following:

Insurance carrier _____ Policy # _____

(if you prefer not to list the policy #, please initial below)

If you prefer not to list insurance information, please initial here _____

Hospital please check the **one** hospital you prefer, if medical care is necessary (staff cannot choose for you)

☐ **TMC** 5301 E Grant Rd Tucson 85712 approx. 3 miles *NE* of St. Mark's (520) 327-5461

☐ **Banner UMC** 1501 N Campbell Ave Tucson 85724 approx. 2.5 miles *NW* of St. Mark's (520) 694-0111

☐ **Other** _____ **Address** _____ Tucson **Phone** (520) _____

Name of Hospital **(required)** **(required)**

Email address/es listed on your child's Registration Form will be used to send classroom and school information, monthly newsletters, reminders, etc.

If there are additional family members you would like to keep informed about what is going on at St. Mark's, please specify:

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

School Directory contact information listed in the directory is for birthdays and special events.

If your child's name is not listed in the School Directory, classroom families will not be in contact. By at least listing your child's name, you will give us permission to forward classroom families' communications to you.

The *School Directory* may include: (please circle yes or no)

My child's *name* ***Yes*** ***No*** *phone number* ***Yes*** ***No*** *email* ***Yes*** ***No***

Pictures are taken to document your child's day and school activities. Pictures will be used for classroom and family communication only.

Website pictures of my child may be used for the school website (**please circle)** ***Yes*** ***No***

We are required to have custodial guardians' signatures on file.
Please make sure, if applicable, BOTH custodial parents/legal guardians have signed on page 1.

Signature _____ **Date** _____