

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 school 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)

If there are family members (grandparents, aunts, uncles, etc.) you would like to keep informed about what is going on at St. Mark's, i.e., classroom/school information, monthly newsletters, reminders, etc., please specify:

Name _____ Email _____
Name _____ Email _____
Name _____ Email _____

Pictures are taken to document your child's day and school activities. Pictures will be used only for classroom and family communication unless permission is granted for other use, i.e. promotional materials and/or website.

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**

Promotional Materials pictures of child may be used brochures, flyers, etc. (please circle) **Yes No**

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** _____