

Return by June 15th.

Lafayette Christian Preschool
115 New Ballwin Road
Ballwin, MO 63021

RELEASE AND INDEMNIFICATION

For and in consideration of permitting _____,
minor(s), to attend the Lafayette Christian Preschool and participate in field trips in connection therewith,
we the undersigned Father and Mother or Guardian(s) of the aforesaid minor, do hereby expressly release,
indemnify, and discharge the Lafayette Christian Preschool and the Lafayette Church of Christ and the
agents, servants, and employees of either or both, together with their successors and assigns from any and
all claims which arise from the said minor's attending the Lafayette Christian Preschool and from any and
all claims which arise from the said minor's participation in said field trips. As used herein, "claims"
includes, but is not limited to claims, which either or both of us may hereafter have as parent or guardian
of the said minor, as well as claims, which the said minor may hereafter have.

Signed this _____ day of _____, _____ at St. Louis County, Missouri.

Both parents sign, please:

Father/Guardian _____

Mother/Guardian _____

Lafayette Christian Preschool issues an address list as a courtesy only to its parents. Please check and
sign your participation choice.

_____ Yes, we give our authorization to include our child/children's name, address and phone number.

_____ No, we do not give authorization for our information to be included in the list.

Parent Signature

Lafayette Christian Preschool frequently takes photos, slides and/or videos of the children during the year
to be used by the school for display and/or end-of-the-year programs, memory books, craft projects, etc.
Do you give your consent for your child's photo to be taken for the preschool's use as described?

_____ Yes, you may take photos, slides or videos of my child/children.

_____ No, we would prefer our child/children be excluded from any photos, slides or video tapes. (We
understand our child/children will be exempt from any related activity that requires a photo.)

Parent Signature

Parent Signature also required on reverse.

LAFAYETTE CHRISTIAN PRESCHOOL Medical Release Form

Child's Name _____ Name to be used at school _____
Birth Date: _____ Sex: _____
Month/Day/Year

Child's Name _____ Name to be used at school _____
Birth Date: _____ Sex: _____
Month/Day/Year

Child's Name _____ Name to be used at school _____
Birth Date: _____ Sex: _____
Month/Day/Year

Address _____
Street City Zip

Home Telephone _____ Cell phone: _____
Area Code Number Area Code Number

Father's Name _____ Business Phone _____

Place of Employment _____ Occupation _____

Mother's Name _____ Business Phone _____

Place of Employment _____ Occupation _____

In case of a medical emergency arising at school, or while on a school-sponsored field trip, if neither parent nor the child's physician can be reached and/or time is of the essence, we authorize the staff of Lafayette Christian Preschool to have our child(ren) _____ transported to the emergency room of _____ or _____ and further authorize the medical staff of the underlined hospital to administer treatment considered necessary for the well being of our child.

In the event one of us cannot be reached, I hereby give permission to my physician to hospitalize, secure proper treatment, order injection, anesthesia, or surgery for my child as named above. We will assume financial responsibility for the cost of the ambulance and/or treatment administered at the hospital.

Medical information concerning our child which should be known to the hospital includes: _____

Friend/Relative living close to you: _____
Name Phone Number

Address City Zip

Daily Babysitter Name: _____ Phone: _____

Physician's Name: _____ Phone: _____

Address: _____ Medical Exchange: _____

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Both Parents Please Sign