Springs of Life Preschool Program

ENROLLMENT PACKET ADDENDUM 2018



SPRINGS OF LIFE CHILDREN'S CENTER PARENT HANDBOOK SIGNATURE PAGE & PERMISSION FORMS

Child(ren)'s Name(s):		
Parent/Guardian's Name	e(s):	
Home Phone:	Cell Phone:	Work Phone:
Please rea	nd carefully and initial each	of the following statements:
I have read and a	gree to the terms laid out in the	e 2017 Preschool & Parent Handbook
I have read SLCC'	•	d giver permission for my child to watch
	aff of SLCC to take photos of my all classroom and marketing pur	child(ren), and release images to be used by poses
I authorize the sta	ff of SLCC to set up my child(ren) to take a nap on an approved cot during
In the event that		screen to my child(ren) for outdoor activities. en that I have provided, I authorize SLCC to nter
skin. Items may ind		cal preparations on my child(ren)'s healthy per rash cream, lotion, baby powder, and
Signature of Parer	Date	