

# EMERGENCY RELEASE

## Trietsch Enrichment Center 2017-18

Child enrolled in: (circle one):

W/F 2's    MWF 2's    T/TH 2's    MWF 3's    T/TH 3's    MWF 4's    T/TH 4's    M-F 4's    Pk5    K

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's license number : \_\_\_\_\_ ( required for I.D. purposes)

Address (if different from above) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's license number : \_\_\_\_\_ ( required for I.D. purposes)

Address (if different from above): \_\_\_\_\_

Persons other than parents to notify and to whom my child may be released to in an emergency:

Name (Local)	Phone	Relationship
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TEC Staff is also authorized to release my child to the emergency contacts listed above in non-emergency situations.    \_\_\_yes    \_\_\_no

TEC Staff is authorized to release my child to the following persons (please check one or both) \_\_\_Mother \_\_\_Father

Name	Phone
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Name	Phone
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I have read and understood the curriculum, the philosophical and behavioral objectives of the school as outlined in the handbook and registration information. (This includes the discipline and guidance policy outlined by TDFPS.) I further agree that my child shall attend Trietsch Enrichment Center from 9 am -1 pm in one of the following programs :

- ◆ MWF 2's W/F 2's/ 3's/ 4's program beginning 9/6/17
- ◆ T/TH 2's/ 3's/ 4's program beginning 9/5/17
- ◆ M-F 4's, Pk 5's or Kindergarten (Monday thru Friday) program beginning 9/5/17

I give permission for the following:

- my e-mail address to be used for TEC communication.
- for my child to visit the sanctuary of Trietsch, to take walks on the church property, to participate in play on the playground or indoor play areas in designated classrooms as needed, to attend activities in the Faith Voyage Building and Ministry Center, and to participate in Gross Motor Skill /Music classes in the designated classrooms or in the gymnasium of the Family Life Center.
- for my child to participate in Water Play Day activities including play in tubs of water for washing play vehicles and windows, blowing bubbles, shaving cream painting, water balloons.
- for my child's picture to be taken for use in classroom projects, for advertisement purposes (TMUMC website, brochures, banners, local newspapers, etc.), and on the TEC Facebook page. Personal devices owned by TEC staff may be used to take photos of children in class (cell phones, ipads, etc.)
- for my child's name, address, phone number, parent(s) name, and e-mail addresses to be published on a class list and to be distributed to parent(s) of children in my child's class.

I understand that Teacher/Friend requests are welcomed, but cannot be guaranteed and must be received by July 1st.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date