



**Permission and Release of Liability**  
**(for phone directory, neighborhood walks and state required car seats)**  
**2014 - 2015**

I \_\_\_\_\_ give permission for my child's name to be published in  
(print "Do" or "Do Not") the **St. Michael's Little Angels Christian Preschool**  
**Directory**. Parents' names, address and phone number will also be listed.

Please print how you would like your information to be printed.

Child's Name \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail address \_\_\_\_\_

I \_\_\_\_\_ give permission for my child to go on walks with the  
(print "Do" or "Do Not")  
classroom teachers and class in the nearby neighborhood.

I accept full responsibility for providing a child car seat or restraint for my child  
when transporting my child to or from school in my vehicle or in the vehicle of any  
other person I have authorized to pick-up my child.

I understand and accept the terms outlined above.

**CHILD NAME:** \_\_\_\_\_ **CLASS:** \_\_\_\_\_

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

\_\_\_\_\_  
Date

