



Child's Name_____

Activity Authorization	united meth
Kindergarten and/or Broomfield UMC Sum	rticipate in all activities provided by Apple Tree Christian Preschool and mer Camps. I understand that my child will be participating in activities Broomfield United Methodist Church Campus. Please list any restrictions.
Signature	date
Permission to Apply Sunscreen	
Summer Camps to apply sunscreen as need	Apple Tree Christian Preschool and Kindergarten and/or Broomfield UMC led that is provided by the school. I agree to apply sunscreen to my child be each morning. (Please see parent handbook for specific brand of sunscreen
Signature	date
Media Presentation	
	tch media presentations while at Apple Tree Christian Preschool and mer Camps. I understand that all viewed material will be G rated and that I is.
Signature	date
Class Roster	
	ess to be published on a class roster for the purpose of networking with othe families of Apple Tree Christian Preschool and Kindergarten and/or
Signature	date

Field Trips

I understand that field trips are an integral part of the curriculum. I further understand that my child is to be secured in a seat belt or child safety device while being transported in a car, church van, or church bus on a field trip. With this understanding, I hereby give permission for the staff and volunteers of the Apple Tree Christian Preschool and Kindergarten and/or Broomfield UMC Summer Camps to take my child on field trips in vehicles or on foot while he/she is in the program. Before each field trip, I understand that I will need to sign a permission slip specifically for that trip and that I may need to provide a car seat or booster seat for my child on field trip day.

Signature	date

Emergency Transportation Authorization

I authorize Apple tree Christian Preschool and Kindergarten and/or Brotransportation in case of accident or acute illness and to arrange for potential to the closest hospital in case of dire emergency or (2) the hospital of conscientious effort must be made to notify me, or the persons listed abut if it is impossible to locate me or the emergency contacts, the unin me.	ossible emergency medical and/or surgical care a the parent's choice. It is understood that as emergency contacts before such action is taken,
Signaturedat	te
Promotion Authorization	
I hereby give my permission to Apple Tree Christian Preschool and Kind or record my child for purposes of promoting the services of both orgativideos may be used in print or on the internet. I understand that it is mevent that I no longer wish to authorize the use of my child(s) image. I during the term of my child's enrollment. I understand that there will be image is used.	nizations. I understand that these images or ny responsibility to update this statement in the agree that this authorization will remain in effect
Signaturedat	te
Participant Waiver of Liability and Hold Harmless Agreement	
I acknowledge the contagious nature of the Coronavirus/Covid-19. I fur Preschool and Kindergarten and Broomfield United Methodist church is prevent the spread of Covid-19. I further acknowledge that Apple Tree Broomfield United Methodist church cannot guarantee that my child will am a parent or legal guardian of the child(ren) named below. As such, educational activities (Activities) to be provided by Apple Tree Christian United Methodist Church (Releasees). I, for myself and for each om my with participation in the Activities, including the possibility of contraction otherwise. It is my express intent that the Hold Harmless Agreement shall be deer not to sue Apple Tree Christian Preschool and Kindergarten, Broomfield Conference of the United Methodist Church, or the worldwide denoming but not limited to, its Board of Directors, agents, employees, represent waiver will remain in effect until such time that it is revoked in writing a Apple Tree Christian Preschool and Kindergarten or Broomfield United Method have fully informed myself of the content by reading it before I sign it. Agreement on behalf of my child(ren).	has put in place preventive measures to reduce or Christian Preschool and Kindergarten and vill not be exposed to the Coronavirus/Covid-19. , and in consideration for childcare or church in Preschool and Kindergarten and Broomfield minor child(ren), fully assume all risks associated ing Coronavirus/Covid-19 by community spread or med as a release, waiver, discharge, and covenant d United Methodist Church, the Mountain Sky ination of the United Methodist church including, tatives, and volunteers. I acknowledge that this or at the signing of an updated waiver provided by odist Church. Agreement, I acknowledge that I

Preferred Physician	phone
Address	
Preferred Hospital	phone
Address	
Preferred Dentist	phone
Address	
Parent Employer	phone
Address	-
	phone
Address	