

**PARENT SIGNATURE SHEET**  
**2021-22**

**1. First Baptist Church- Joelton Weekday P.A.T.H Preschool Handbook**

I have read the above policies and procedures and agree to all terms within. I also understand that should the need arise, I will receive in writing any changes to these policies.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**2. Tennessee DHS Summary of Licensing Requirements for Child Care Centers**

I verify that I have received/read the above document.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**3. Photography Release**

I give permission to the First Baptist Church- Joelton P.A.T.H Preschool program to use my child's photo for craft projects, bulletin boards, and the promotion/graduation video.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**4. Consent and Authorization for Medical Treatment 2021-22**

I hereby give my consent to the First Baptist Church- Joelton Weekday P.A.T.H Preschool to act on my behalf in a medical emergency. I understand that every reasonable effort will be made to notify me. If I am unreachable, the emergency contact person noted on my child's registration form will be contacted.

Preferred Hospital: \_\_\_\_\_

Parent Name (please print): \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_