

**PARENT SIGNATURE SHEET
2024-25**

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 there be a need, 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 2024-25

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:** _____