



Alpharetta Presbyterian Dayschool

180 Academy Street - Alpharetta, Georgia 30009

(770) 751-3862

www.alpharettapres.com/dayschool



Child's Name _____ Teacher _____

I _____, (name) give permission for the following: (please place a check by each item to which permission is given)

_____ To include my name, address, e-mail address and phone number on a class roster to be distributed to my child's class.

_____ To include my e-mail address on the APC Parent Organization distribution list. The Parent Organization will provide only information regarding school related activities.

_____ To photograph my child while participating in APC Dayschool activities and to share those photos on school related social media, school website and printed material.
**While sharing photos, the names of children will not be used.
**Any photos taken by APC staff during APC activities shall remain the sole property of APC Dayschool, and I hereby release APC Dayschool from all claims and liability arising from or related to such use.

_____ My child may not be photographed.

_____ To transport my child from APC Dayschool in the event of an emergency evacuation.

Signature _____ Date _____



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RULES OF THE ROAD

1. Please observe the speed limit of 10 mph on the property. Children are crossing the parking lots.
2. Please do not park in permanent handicapped spaces at any time.
3. Do not park in the lined spaces next to handicapped spaces at any time.
4. Please refrain from using cell phones until you are clear of APC property, for the safety of our students.
5. Please be considerate of the carpool line when passing the back side of the property.
6. Do not attempt to exit the carpool line until your child has been safely removed and all cars in front of you have left the area.
7. Please be aware of your surroundings and do not leave young children or valuables in your car at any time.
8. For the safety of your children, do not move forward in the carpool line with your car or van doors open.
9. For the safety of our staff doing carpool and children on the sidewalk, please do not allow your children to sit in your lap to steer the car.

NO PARKING IS ALLOWED in the spaces designated with a PAINTED blue HANDICAP symbol by anyone without a handicap decal. Dayschool parents and church members who have a legitimate need for those spaces are often unable to use them. This does not apply to spaces with signs for "Sundays Only" located on either side of the blue painted spaces.

These guidelines were established for the safety of our school community. By signing the bottom of this form, you are agreeing to abide by said guidelines. Persistent violations will result in fines.

Rules of the Road

Signature of Parent or Guardian

Child's name

Date

Teacher



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Emergency Treatment Consent

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180 Academy Street, Alpharetta Ga. 30009

Name of child: _____

IF PARENTS CANNOT BE REACHED

1st Emergency Contact: _____ Relationship: _____

Phone: _____ (h) _____ (cell)

2nd Emergency Contact: _____ Relationship: _____

Phone: _____ (h) _____ (cell)

Child's Physician: _____

Physician location/telephone: _____

Health Insurance Provider: _____

Health Insurance Plan Number: _____

Group Number: _____

I, the undersigned, do hereby authorize representatives of the Alpharetta Presbyterian Dayschool to contact directly the persons named on this form, and do authorize such treatment as may be necessary in an emergency, for the health of said child.

In the event parents cannot be contacted, the school representatives are hereby authorized to take whatever action is deemed necessary in their judgment for the health of the aforementioned child.

I hereby promise and agree to hold Alpharetta Presbyterian Church/Dayschool free and harmless of and from all claims and suits brought by or on behalf of said child for or on account of emergency care and/or transportation of said child.

Signature of Parent/Guardian: _____

Date: _____



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APC DAYSCHOOL HANDBOOK AGREEMENT FORM

After you have read the APC Dayschool Handbook online, please sign, date and return this form to the Dayschool office.

I certify that I have read, understand, and agree to comply with the guidelines set forth in the APC Dayschool Handbook (Rev 12/15). www.alpharettapres.com/dayschool

_____	_____
SIGNATURE OF PARENT OR GUARDIAN	DATE

_____	_____
CHILD'S NAME	TEACHER