



SHINING LIGHTS PRESCHOOL AND DAYCARE CENTER

Enrollment Application

MEDICAL AUTHORIZATION

In the event that a medical emergency occurs; I authorize Shining Lights Preschool and Daycare Center to seek emergency medical care for my child as deemed by the director.

Parent's Signature: _____

Date: _____

BLANKET PERMISSION FOR WALKING FIELD TRIPS

I give permission for my child, _____ to participate in walking trips around the center and the Bethel Baptist Church Campus. I understand that these walks: 1. May involve entrance only into the Bethel Baptist Church building (Worship Center); and 2. Do not involve entrance into any other building or facility and 3. Do not involve crossing Springdale Road; and the route of the trip involves no safety hazards.

Parent's Signature: _____

Date: _____