



Arrowsmith Independent School 2016/2017
Kindergarten to Grade 7
861 Hilliers Road, Qualicum Beach, BC V9K 1X5
Phone: 250-752-2722
www.arrowsmithindependentschool.ca
arrowsmithschool@shaw.ca

CHILD RELEASE POLICY

Any child attending Arrowsmith Independent Preschool will only be released to their parent or alternative adult as listed on the Registration Form. If another adult is to be picking up your child, the parent or guardian must provide a signed note giving permission for Arrowsmith Independent Preschool to release the child into their care.

Verbal permission cannot be accepted.

If the parent or guardian cannot be contacted in case of emergency, the emergency contact person, as listed on the Registration Form, will be contacted to pick up your child.

If there is no emergency contact on the Registration Form, or the emergency contact person also cannot be contacted, your child will remain with the teacher for 4 hours. If the parent or emergency contact still cannot be reached, the child will be released to the Ministry for protective custody.

If any authorized person (parent, guardian or other) does not arrive to pick up the child, or appears to be incapable of providing safe care (under the influence of drugs or alcohol), Arrowsmith Independent School will NOT release the child to that person. The emergency contact person or other authorized person, as listed on the Registration Form, will be contacted for pick up. If an authorized alternative person cannot be contacted, the child will be released to the Ministry for protective custody.

Parent /Guardian Name

Date

Parent/Guardian Signature

CONTACT INFORMATION AUTHORIZATION

I give permission to Arrowsmith Independent Preschool to give my contact information to each Parent Committee Member for the registration year. **Yes / No (circle one)**

Parent /Guardian Name

Date

Parent/Guardian Signature

FIELD TRIP PERMISSION SLIP

It is our policy that we notify parents when we go on a special field trip. This authorization covers all field trips in walking distance.

I give permission for my child to participate in local field trips to places within easy walking distance, without prior notice. **Yes / No (circle one)**

Parent /Guardian Name

Date

Parent/Guardian Signature

FOR OFFICE COMPLETION

Enrollment Date: _____ **First Date Attended:** _____ **Departure Date:** _____
MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY