

Community of Faith Preschool
Transportation/Water Play Form

Date: _____

Child's Name: _____

I hereby ____ give ____ do not give-consent for my child to be transported and supervised by Community of Faith Preschool employees in their own personal vehicles for emergency medical care only.

I hereby ____ give ____ do not give-consent for my child to participate in water activities; such as water table play and sensory activities.

Signature of Parent/Guardian