**Trinity Private Preschool**

**Authorization to Release Form**

If you register your child for the **Dance Dreams** or **Soccer Shots** program, please read the following statements, check all applicable boxes, sign and date, and return to the director. Without this form, your child CANNOT be released to the after-school program and you will be expected to sign him/her out from the preschool at 2:00 p.m., per normal procedures.

**Dance Dreams – Tuesdays (check the applicable box)**

* I authorize Trinity Private Preschool staff to sign my child out from TPP and take him/her to Dance Dreams at 2:00 p.m. I will pick my child up at 2:30 p.m. from the Theater or other designated meeting place.
* I DO NOT authorize Trinity Private Preschool staff to sign my child out from TPP and take him/her to Dance Dreams at 2:00 p.m. I will sign my child out and take him/her to Dance Dreams myself and pick my child up at 2:30 p.m. from the Theater or other designated meeting place.

**Soccer Shots – Tuesdays (check the applicable box)**

* I authorize Trinity Private Preschool staff to sign my child out from TPP and take him/her to Soccer Shots at 2:00 p.m. I will pick my child up at 2:35 p.m. from the gym or other designated meeting place.
* I DO NOT authorize Trinity Private Preschool staff to sign my child out from TPP and take him/her to Soccer Shots at 2:00 p.m. I will sign my child out and take him/her to Soccer Shots myself and pick my child up at 2:35 p.m. from the gym or other designated meeting place.

**By enrolling my child in any of these after school programs, I understand that Trinity Private Preschool and its staff are not responsible for my child once the program begins at 2:00 p.m. My child will be under the care and supervision of said program which operates as its own entity. All concerns about that program and its operations will be directed to that program’s instructors and/or directors.**

Child(ren) name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_