

# Solon Chabad Preschool

## ROUTINE PERMISSION SLIP and SCHOOL ROSTER SIGN OFF

The State of Ohio requires that our school have a written and signed permission form from the parent or guardian to be on file for each child for any walks within the building and around the grounds of our campus. Please be sure to read and sign both permission statements below. Thank you.

---

I give my permission for my child to be taken on "walking trips" with his/her class to the Social Hall, Library, main kitchen, clergy offices, and Sanctuary within the building.

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date

.....

I give my permission for my child to walk around the entire grounds and campus of Solon Chabad / Solon Chabad Preschool.

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date

.....

Yes \_\_\_\_\_ No \_\_\_\_\_ I agree to have my name, telephone number, and address included on the center's parent roster and school directory which will be made available upon request to any parent whose child is enrolled in the center.

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date

---

Preschool Child's Name