



Our Lady of Mercy School  
Sister Claire's Preschool  
7 Elmwood Drive, Daly City, CA 94015

CHILD'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

### 2024-2025 Enrollment Form Checklist For Child's File

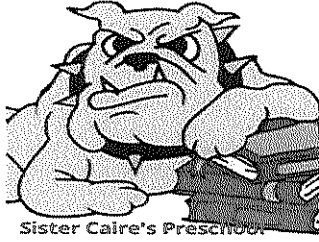
#### Parent's Forms:

- \_\_\_\_\_ Preschool Application\*
- \_\_\_\_\_ \$70.00 Application Fee\*
- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Baptismal Certificate
- \_\_\_\_\_ Enrollment Agreement
- \_\_\_\_\_ \$215.00 Registration Fee (new students)
- \_\_\_\_\_ \$185.00 Registration Fee (returning students)
- \_\_\_\_\_ LIC 700: Identification & Emergency Information
- \_\_\_\_\_ LIC 701: Child's Health Evaluation-Physician's Report
- \_\_\_\_\_ LIC 702: Child's Health History-Parent Report
- \_\_\_\_\_ Immunization Record
- \_\_\_\_\_ LIC 627: Consent for Medical Treatment
- \_\_\_\_\_ LIC 995A: Notification of Parent's Rights
- \_\_\_\_\_ LIC 613A: Personal Rights
- \_\_\_\_\_ Handbook Receipt Verification Form
- \_\_\_\_\_ Photo/ Video Release Form

#### Office Forms:

- \_\_\_\_\_ LIC 622: Centrally Stored Medication Record *(as required)*
- \_\_\_\_\_ Parent Medicine Consent Form
- \_\_\_\_\_ LIC 624: Unusual Incident/Injury Report
- \_\_\_\_\_ Documentation for Special Rights, unusual illness and/or behavior IEP
- \_\_\_\_\_ LIC 9224: Acknowledgment of Receipt of Licensing Reports  
*(as required)*

*\*Please disregard if you already submitted an application form & \$70.00 fee.*



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7 Elmwood Drive, Daly City, CA 94015  
Email: preschool@olmbulldogs.com  
Phone: 650-756-4916

## Preschool Application Form

School Year 2024 - 2025

### STUDENT INFORMATION (please print):

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_  
First Name Middle Last

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ Parish in which you live \_\_\_\_\_

Parent email address: \_\_\_\_\_

Child's Birthdate (00/00/0000) \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Citizenship of Child: U.S. Citizen \_\_\_\_\_ Non U.S. Citizen \_\_\_\_\_ Baptism Date: \_\_\_\_\_

Church you attend mass \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Siblings at Our Lady of Mercy School: Yes/No Name(s): \_\_\_\_\_

### FAMILY INFORMATION: (Please circle one)

Child lives with: \_\_\_\_\_ Both Natural Parents \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only  
Parents have Joint Custody \_\_\_\_\_ Parent/Step-Parent Guardian \_\_\_\_\_

If there is a custody agreement, Court-ordered Visitation Agreement, or any other legal issue, please explain: \_\_\_\_\_

**\*Understand that if your child is placed in our school, a copy of the legal document must be submitted to the Preschool Director.**

Primary Language spoken in the home: \_\_\_\_\_

Secondary Language \_\_\_\_\_

Is your child fluent in English? Yes \_\_\_ No \_\_\_

My Child also speaks \_\_\_\_\_

Religion/Faith \_\_\_\_\_ Parish of Choice \_\_\_\_\_

Birthplace \_\_\_\_\_

Why are you seeking a Catholic preschool education?

How did you learn of Sr. Claire's Preschool? If applicable, please include names of families you know whose child(ren) attend(ed) Our Lady of Mercy Elementary School. \_\_\_\_\_

When you observed, what aspects of our classroom/curriculum appealed to you?

**Select your preferred ATTENDANCE SCHEDULE: (Please circle your choice)**

Schedule	7:30 - 3:30	7:30 - 5:00
MF	\$1256	\$1487
MWF	\$1026	\$1230
TTH	\$ 772	\$ 958

**REMINDERS:**

> **diaper fee will be added to monthly tuition**

Full Time MF	\$ 105.00
MWF	\$ 85.00
TTH	\$75.00

- > \$25 fee for change of schedule after the schedule has been set.
- > A fee of \$50 for late tuition
- > Returned Check fee of \$30
- > A fee of \$1.00 each minute for late pick up

**The tuition is a flat monthly rate no allowance or proration of tuition is allowed for absences, extended holidays when school is closed/holiday. The Preschool calendar is provided at the beginning of the school year.**

**Our Lady of Mercy School  
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**Enrollment & Participation Agreement  
School Year 2024 - 2025**

This is a statement of policies, expectations, and acceptance of certain financial and participation terms set forth by Our Lady of Mercy Catholic School for Sr. Claire's Preschool. All School programs and policies follow the policies, guidelines, and directives set down by the Archdiocese of San Francisco as stated in the Archdiocese Administrative Handbook. Our School Handbook covers our local policies, terms, and procedures to assure that the entire community of Our Lady of Mercy Catholic School is able to provide a quality educational program in a safe learning environment. The School Administration reserves and maintains the final decision regarding all policies and guidelines for fiscal, academic, social, and extra curricular matters directly pertaining to all programs under the auspices of Our Lady of Mercy Catholic School

**STUDENT ELIGIBILITY** Sr. Claire's Preschool at Our Lady of Mercy Catholic School welcomes for enrollment children 2.5 years old through 5 years old. Children must be able to separate from their parents, fully express their needs, and demonstrate age-appropriate independence. Children must be able to follow and participate in classroom routines.

**REGISTRATION** There is an annual registration fee levied for each student being registered for the preschool school year. This is a non-refundable fee that holds a place for your child, covers all clerical costs for student files, curriculum materials and books, student insurance, and other program costs. Sr. Claire's Preschool offers a ten-month program with a summer program option.

**TUITION** The monthly rate of tuition is determined by the enrolled schedule for each child. The schedules and rates are attached to this agreement. Tuition is due monthly and payable via FACTS (online payment). Tuition is due before the 5<sup>th</sup> of each month of attendance. A late fee of \$50.00 will be assessed for tuition paid after the tenth of the month. A \$30.00 fee

**TUITION FEES:**

Registration (per school year) \$185.00/child(Returning Student) Non-refundable  
\$215.00/child(new Student)

Late Tuition \$50.00/month (past the 10<sup>th</sup>)  
Returned Check \$30.00/check

Late Pick Up (after 3:30 pm dismissal) \$2.00/minute payable at pick-up directly to the teacher for the late charges at the time of pick up.

Diaper Fee MF: \$105.00 MWF:\$85.00 TTh: \$75.00 per month  
(maybe taken off Per Directors approval)

Change of Schedule \$20.00 (after set schedule)

<u>Attendance</u>	<u>7:30 - 3:30 pm</u>	<u>7:30 - 5:00 pm</u>
5 days (M-F)	\$1256.00 / month	\$1487.00 / month
3 days (MWF)	\$1026.00 / month	\$1230.00 / month
2 days (TTH)	\$772.00 / month	\$958.00 / month

The School Day begins at 9:00am. Please drop off your child between 7:30 to 9:00 a.m. only. All tuition fees are on a monthly basis. Tuition must be paid via FACTS (online payment) before or by the 5<sup>th</sup> of each month.

\_\_\_\_\_  
Attendance Schedule

\_\_\_\_\_  
Name of Child - Please Print

\_\_\_\_\_  
Parent Name Printed

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Parent Name Printed

\_\_\_\_\_  
Signature of Parent

Date \_\_\_\_\_

\_\_\_\_\_  
Preschool Director

Placing a child in Sr. Claire's Preschool at Our Lady of Mercy Catholic School indicates acceptance of these stated policies and guidelines as well as the policies and procedures described in appropriate Handbooks and published in official School / Preschool communications.

## IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

**To Be Completed by Parent or Authorized Representative**

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ( )
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PARENT / AUTHORIZED REPRESENTATIVE NAME					BUSINESS TELEPHONE ( )
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PARENT / AUTHORIZED REPRESENTATIVE NAME					BUSINESS TELEPHONE ( )
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PERSON RESPONSIBLE FOR CHILD					HOME TELEPHONE ( )
					BUSINESS TELEPHONE ( )

### ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

### PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL       OTHER    EXPLAIN: \_\_\_\_\_

# PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

## PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

\_\_\_\_\_, born \_\_\_\_\_ is being studied for readiness to enter  
(NAME OF CHILD) (BIRTH DATE)

\_\_\_\_\_. This Child Care Center/School provides a program which extends from \_\_\_\_\_ : \_\_\_\_\_  
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to \_\_\_\_\_ a.m./p.m. , \_\_\_\_\_ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

\_\_\_\_\_  
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

\_\_\_\_\_  
(TODAY'S DATE)

## PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: \_\_\_\_\_ Allergies: medicine: \_\_\_\_\_  
Vision: \_\_\_\_\_ Insect stings: \_\_\_\_\_  
Developmental: \_\_\_\_\_ Food: \_\_\_\_\_  
Language/Speech: \_\_\_\_\_ Asthma: \_\_\_\_\_  
Dental: \_\_\_\_\_

Other (include behavioral concerns): \_\_\_\_\_

Comments/Explanations: \_\_\_\_\_

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: \_\_\_\_\_

### IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA) (REQUIRED FOR CHILD CARE ONLY)	/ /	/ /	/ /	/ /	
HIB MENINGITIS (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /	/ /		

#### SCREENING OF TB RISK FACTORS (listing on reverse side)

- Risk factors not present; TB skin test not required.
- Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).  
\_\_\_\_ Communicable TB disease not present.

I have  have not  reviewed the above information with the parent/guardian.

Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Date of Physical Exam: \_\_\_\_\_  
Date This Form Completed: \_\_\_\_\_  
Signature \_\_\_\_\_

Physician  Physician's Assistant  Nurse Practitioner

# CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

**DEVELOPMENTAL HISTORY** (\*For infants and preschool-age children only)

WALKED AT*	MONTHS	BEGAN TALKING AT*	MONTHS	TOILET TRAINING STARTED AT*	MONTHS
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**PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:**

DATES	DATES	DATES	DATES
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Whooping cough	<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Mumps		

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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**DAILY ROUTINES** (\*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____
	LUNCH	
	DINNER	

ANY FOOD DISLIKES? \_\_\_\_\_ ANY EATING PROBLEMS? \_\_\_\_\_

IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT":*		WORD USED FOR URINATION:*	

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
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# CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

\_\_\_\_\_ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE  
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

\_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER  
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD  
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
HOME ADDRESS

HOME PHONE  
( )

WORK PHONE  
( )

## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

### PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: California Department of Social Services / Community Care Licensi

Licensing Office Address: 851 Traeger Avenue, Suite 360, San Bruno CA, 94066

Licensing Office Telephone #: 650-266-8800

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

**NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.**

*For the Department of Justice "Registered Sex Offender" database, go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)*

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

### ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of \_\_\_\_\_, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

\_\_\_\_\_  
Sister Claire's Preschool

Name of Child Care Center

\_\_\_\_\_  
Signature (Parent/Authorized Representative)

\_\_\_\_\_  
Date

**NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.**

*For the Department of Justice "Registered Sex Offender" database go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)*

# PERSONAL RIGHTS

## Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
  - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
  - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
  - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
  - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
  - (6) Not to be locked in any room, building, or facility premises by day or night.
  - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

**PLACE IN CHILD'S FILE**

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

**ACKNOWLEDGMENT:** I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)



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7 Elmwood Drive, Daly City, California 94015  
Email: [preschool@olmbulldogs.com](mailto:preschool@olmbulldogs.com)  
Phone: (650) 756-4916



### Handbook Receipt Verification Form

SCHOOL YEAR 2024-2025

This Parent/Student Handbook provides information concerning the various activities, guidelines and services for all preschool students of Sister Claire's Preschool. This handbook is a reference for the school's expectations of student's conduct, attendance and discipline.

By choosing Sister Claire's Preschool, families indicate a commitment to the Mission, Philosophy and Goals of the school as well as a willingness to support the schools regulations regarding behavior and academic readiness.

Verification that both parents/guardians have read and understood this Parent/Student Handbook, and agree to abide by the school's expectations is a condition of enrollment.

This form indicates that we have received, read and understood the Parent/Student Handbook.

Student Name (print): \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Our Lady of Mercy Catholic School

Sister Claire's Preschool

7 Elmwood Drive Daly City, California 94015

preschool@olmbulldogs.com

650-756-4916

## Photo / Video Release Form

**SCHOOL YEAR 2024-2025**

To Whom It May Concern:

I hereby give permission for my son/daughter \_\_\_\_\_

To be photographed or videotaped at Sister Claire's Preschool. I realize that the photo may be published in the newspaper, a magazine, the school website, or other publication. The video may be used for information or educational purposes regarding the programs or curriculum at Sister Claire's Preschool.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_