

## PLAYGROUP PERMISSION FORM

**Session II:** 1/11, 1/18, 1/25, 2/1, 2/8, 2/15, 3/1, 3/8, 3/15, 3/22, 3/29, 4/5, 4/12, 4/26, 5/3, 5/10, 5/17, 5/24, 5/31, 6/1

I hereby give permission for my child to participate in Haverhill Public Schools' Developmental Preschool Playgroup that will be held at Moody School, 59 Margin Street, Haverhill, MA during the 2018-2019 school year. The school contact person is Lisa Collins, Principal Clerk. Phone (978) 374-3459. Please note, a child who attends Moody Preschool's playgroup is not enrolled in Haverhill Public Schools.

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

**Parent/Guardian's Signature:** \_\_\_\_\_

D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: M F

Primary Language: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Medical Concerns / Allergies: \_\_\_\_\_

Toilet Trained: Yes No

(Diapers and Wipes will not be supplied. Please pack in child's bag.)

### MOTHER / GUARDIAN'S INFORMATION:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### FATHER / GUARDIAN'S INFORMATION:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**PLAYGROUP WILL BE CANCELLED IF HAVERHILL PUBLIC SCHOOLS IS CANCELLED OR DELAYED DUE TO A SNOW EMERGENCY.**

