





# NLC

NAS LEARNING CENTER

## Parent & Emergency Contact Form

### Contact Information for Parent/Guardian 1:

Name/Relationship	
Phone Number/s	
Email Address	
Mailing Address	

### Contact Information for Parent/Guardian 2:

Name/Relationship	
Phone Number/s	
Email Address	
Mailing Address	

### Emergency Contact Information:

Name/Relationship	
Phone Number/s	
Email Address	
Mailing Address	



## Liability Waiver

I, \_\_\_\_\_, hereby release Nas Learning Center of all responsibility concerning the safety of my child/children inside and outside of the building during non-school hours. I also agree to the following:

- I will be present with my children and be responsible for them at all times unless they are a registered student of NLC Sunday School and under teacher supervision during school hours.
- Any damage caused by my child/children to the NLC building or the grounds is my responsibility.
- I understand that Nas Learning Center does not provide childcare during non-class times on Sundays. I must pick up and be responsible for my children when classes are dismissed.
- During events such as Parent/Teacher Conferences and staff meetings where children are present with me, I will arrange adequate child care for them.

I understand and agree to the statements listed above.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## Photo Release Waiver

Still photographs and video clips of students are frequently used in NLC publications, on our website, in advertising, and in school promotional material. If you prefer your child's image **not** appear, please indicate by signing below, and we will do our best to honor your request. We cannot guarantee, however, that your child will not appear in a group photo or in a photo or video that might be taken by a student, parent, other individual, or by the press.

If you would prefer that NLC **not** use your child's image, please indicate by signing below:

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*Please sign above only if you request that NLC not use your child's photo.*



## Medical Consent & Allergy Information

I, \_\_\_\_\_, give permission for Nas Learning Center to provide all necessary emergency medical, dental or other care for my child/ren. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent(s). I will be responsible for all expenses necessary to ensure my child's medical wellbeing. In case of emergency, Nas Learning Center is required to try to contact me and/or the other parent or legal guardian and/or our emergency contact at one telephone numbers listed above. At no time will Nas Learning Center attempt to drive the sick or injured child to an emergency medical facility.

**Child 1:**

S/he is allergic to:

In case of exposure, please:

I give my consent for Nas Learning Center staff or representatives to administer the protocol described above. \_\_\_\_\_ (initial here)

**Child 2:**

S/he is allergic to:

In case of exposure, please:

I give my consent for Nas Learning Center staff or representatives to administer the protocol described above. \_\_\_\_\_ (initial here)

I understand and agree to the statements listed above.

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**Signature**

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**Date**