St. Peter's ECDC Authorization & Permissions Form for School Communications & Pick-up (Page 1 of 2)

2026-2027

Please list below authorized persons for your child's pick-up. Feedback may be given to these individuals if parents are unavailable. Children will only be released to authorized persons with government-issued photo ID verified by the office. All carpool drivers must be listed. In case of emergencies, please specify any special instructions or contacts.
As a courtesy to our office staff, please notify the office per email ecdc.office@stpkaty.org or call 281-492-0623 if any changes to the daily pick-up person. Thank you.

(Please provide at least 2 contacts other than the child's parents/guardian and print complete name and all contact information below.)

	Name	**Relationship**	**Phone Number**
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

If the information above changes, please come to the office or send an email to ecdc.office@stpkaty.org to update this form.

Permissions **Please circle a response for each the following**

YES / NO I give permission for my child to participate in water table activities, if scheduled by my child's teacher.

YES / NO I give permission for my child to participate in "Cooking in the Classroom" when given a timely notification such as expected date/day, what food item will be cooked and if it pertains to any allergies my child may have.

YES / NO I authorize St. Peter's ECDC to photograph or video my child during school activities for parent viewing, ECDC classroom viewing, and ECDC staff training.

YES / NO I authorize St. Peter's ECDC and/or St. Peter's United Methodist Church to photograph and video my child during school activities for use on website and social media accounts including our Monthly Newsletter displayed on ECDC website. ECDC and SPUMC **will not** share my child's name on any of the above-mentioned media.

YES / NO I give permission for St. Peter's ECDC to include my child's name, my name and email address in the **class directory** and authorize St. Peter's ECDC to release this information to my child's home room parent only for contact/arrangement purposes of classroom events such as volunteering opportunities.

_____ _____ _____

Child's name **Signature of Parent/Guardian** **Date**

Food & Nutrition

I understand that I must provide a dry snack, a leak proof water bottle, and lunch for my child each day. I acknowledge that St. Peter's ECDC is not responsible for its nutritional value nor for meeting my child's daily food needs. I also understand that I must label all items with my child's full name.

_____ _____ _____
Child's Name **Signature of Parent/Guardian** **Date**

Environmental allergies & Varicella (Chickenpox) statement

YES / NO My child has a diagnosed environmental allergy/allergies

If Yes, please specify: _____

YES / NO My child has a diagnosed skin condition*

If Yes, please specify: _____

YES / NO My child has asthma*

If Yes, please specify: _____

***If you answered yes to "diagnosed skin condition" or "asthma" and medicine/inhaler needs to be provided, please contact the Registrar at ecdc.registrar@stpkaty.org for further procedures.*

YES / NO My child has had the chickenpox disease

If yes, what date/year and how old was your child:

_____

_____ _____ _____
Child's Name **Signature of Parent/Guardian** **Date**