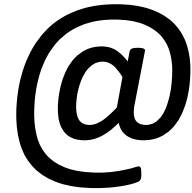




**CROSS OF GLORY NURSERY SCHOOL
CLASS LIST PERMISSION FORM &
SCHOOL CLOSING NOTIFICATION**



Child's Name: _____

CLASS LIST PERMISSION

I give permission for my telephone number and email address to be published in a class contact list to be distributed to families in my child's class.

Phone Number #1/ Name

Phone Number #2/ Name

Email address

Parent's Signature

Date

.....
EMERGENCY SCHOOL CLOSING NOTIFICATION

When it is necessary to close school before the class begins, I prefer to be notified of the closing by (please circle one):

PHONE

EMAIL

TEXT