



PERMISSIONS 2024-2025

Name of Student _____

I give permission for my child to participate in the following activities and agree to the following requests (please sign your initials next to all that apply):

_____ **ACTR BUS PICK UP** My child has permission to take the Addison County Transit Bus that stops in front of Bridge School around 3pm. I will notify the school by 2pm on the day that my child will ride the bus. If the bus does not stop at Bridge School, students will join the Bananas Afterschool Program. Bridge School is not responsible for students once they get on the bus.

PHOTOGRAPHS - Please initial only those that apply to your family.

_____ Bridge School has permission to share photographs of my child in the private Homeroom Album for only current families.

_____ Bridge School has permission to use photographs of my child for publicity and fundraising purposes on social media and the local newspaper.

_____ I prefer that my child's name is **not** included.

_____ I do not wish for my child's photo to be taken at all.

_____ **IMMUNIZATION RECORD** I understand that I must submit a current immunization record or exemption form for my child by August 31.

_____ **AFTER-SCHOOL PROGRAM** School dismissal is at 2:45pm. I understand that my child will join the after-school program if s/he is not picked up by 3:00pm and I will be charged the drop in rate (\$20/day). If the program is already at capacity, I will be charged an extra \$10 per 10 minutes late because another staff member will need to stay to support licensing ratios. I understand that if I am late picking up at the end of Bananas, I will be charged \$10 for each 10 minutes late (ie. late charge of \$10 if picked up between 5:30-5:40, \$20 if picked up between 5:40 and 5:50, etc.) If after thirty minutes from the close of Bananas the staff has not been able to reach either the family or anyone authorized to pick up the child, the staff will contact the Head of School, the Middlebury police and/or child protection services.

_____ **HELMET POLICY** To reduce the risk of head injuries, Bridge School requires that all students wear a helmet while ice-skating. I agree to provide my child with a properly fitting helmet so my child may ice skate throughout the winter at Bridge School.

_____ **SCHOOL BUS FIELD TRIPS** If and when it becomes safe to take field trips in our minibus, driven by Bridge School teachers, OR on a Bet-Cha Transit bus, we hope to get off campus for such field trips. We will always provide notification of field trip dates, times, and destinations at least 24 hours in advance. I give Bridge School permission to transport my child in the school's mini bus, or on a Bet-Cha transit bus for a school sponsored trip.

_____ **IN CASE OF EMERGENCY** I understand that every effort will be made to contact me in case of an emergency. I hereby authorize Bridge School to obtain emergency medical care for my child. In addition, if my child requires emergency medical transportation, I authorize my child to be transported.

Parent/Guardian Signature_____