

Student's Name	
I acknowledge I must provide an up to date shot record, including four year old shots, and a physical form completed by a doctor to the Cabot Administrative Office, Pre-k Department in order for my child to attend school. These documents will be turned in by August 1st. Failure to turn in these documents may inhibit student enrollment.	
Parent's Signature	Date
A free/reduced lunch form will be provi I understand that I am responsible for all meal charges Cabot Schools Food Services.	*
If denied, I understand that I am responsible for all mea	al charges my child incurs during the school year.
Parent's Signature	Date
Our Pre-k students will play outside daily as part of their g applying sunscreen as needed. I give the Cabot Pre-K staff	
Parent's Signature	Date
Permission is given for my child to be transported off camp 2018-2019 school year.	ous for all school related trips during the
Parent's Signature	Date
Student agrees that he/she will use the district's internet Internet, the student agrees to obey all federal and state law any Internet use rules instituted at the student's school or cl	s and regulations. The student also agrees to abide by
Parent's Signature	Date
Cabot Public School Pre-K is asking for your consent to engaged in program activities or events. By signing b photographs, videotapes and audiotapes to be made. Yo District from any and all claims arising out of the use of the	elow you are giving your consent in advance for ou are also releasing and discharging Cabot School
Parent's Signature	Date
No religious activity will be paid or subsidized by public fu endorsement of any religion or religious message	ands or occur in any manner suggesting governmental
Parent's Signature	Date