

**A GROWING PLACE PRESCHOOL, INC.
PROXY PERMISSION FORM**

I hereby give _____ permission to
register my child(ren) _____ in
A Growing Place Preschool.

I understand that if the class that I want has already been filled, my proxy
will be responsible for making an alternate choice for me.

I also understand that no current board member or teacher of A Growing
Place Preschool may proxy for me. A parent registering their own child(ren)
also may not proxy. **Each adult in line must represent only one family.**
Proxy forms must be obtained from the preschool office or from the office
manager **twenty-four (24) hours** prior to the start of registration.

Parent _____ Date _____

Registrar _____ Date _____