



# Shadow Day

\_\_\_\_\_  
Date of Shadow

\_\_\_\_\_  
Child's Date of Birth

I give permission for my child, \_\_\_\_\_, to participate in admissions testing, classroom activities and assessments, and/or school activities for consideration of admissions into Calvary Episcopal Preparatory. I release the school from all liability and can be reached at the below-listed phone number(s) in case of an emergency. However, I permit the Head of School, school nurse, or faculty member to act on my behalf in an emergency if I am unable to be reached.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Phone Number

\_\_\_\_\_  
Parent/Guardian Secondary Phone Number

\_\_\_\_\_  
Parent/Guardian Email Address

\_\_\_\_\_  
Date

## Shadow Day Details:

- Shadow Day and lunch will be scheduled with Admissions
- Arrive at 8:00 am in the front office
- Kinder-12th grade pick up is at 3:30 pm from the front office
- PK3 and PK4 pick-up is at 12:15 pm from the front office
- Bring a water bottle & snack

**List all known allergies, medical conditions or medications (associated with the child listed above)**

\_\_\_\_\_

\_\_\_\_\_