

Child's name _____
Please Print

- 1. I give permission for my child to be photographed during preschool for educational purposes.

Signature

Date

- 2. I give permission for my child's information to be listed in a class directory.

____ Name

____ Address *Please Provide*

____ Phone number *Please Provide*

____ home _____

____ mom's cell _____

____ dad's cell _____

____ Email information *Please Provide and print clearly.*

____ mom's _____

____ dad's _____

Signature

Date