

PERMISSION FORM



Child(ren)'s Name(s): _____
(More than one child's name may be listed on this form)
Date: _____

NAME RELEASE

I give my permission to have my child's name on the class roster to be distributed to parents of children at New Creations (i.e. for Valentine's day or Christmas for example)

Signature: _____

IMPROMPTU WALKS

I hereby give my permission for my child to go on impromptu walking field trips in the surrounding neighborhood of the center. This includes walks around the block, to the neighborhood parks, and adjoining neighborhoods.

Signature: _____

PERSONAL PROPERTY

I understand that New Creations and its staff are not responsible for theft, loss or damage of personal items brought to the center (backpacks, clothing, toys, etc.)

Signature: _____

FIELD TRIPS

I understand that New Creations will, from time to time, arrange for field trips or service learning projects outside of the center. For my child to participate, my written approval for each field trip will be required, as well as payment of any special costs involved.

Signature: _____

POLICIES

I have read, and understand, the policies described in the Parent Handbook and agree to abide by these policies. I understand the policies and / or tuition schedule are subject to change.

Signature: _____

CHILD'S FILE

I give permission for the center's Health Consultant, staff, and the DHS (Department of Human Services) to have access to my child's file whenever necessary.

Signature: _____

EMERGENCY PREPAREDNESS

I have read and I understand New Creations' Emergency Preparedness document.

Signature: _____

VIDEOGRAPHY

VIDEO PERMISSION

I hereby give my permission for my child to be filmed/videotaped in the classroom program and program functions, and for the videos to be displayed via New Creations' Facebook page, New Creations' private YouTube page and other similar interactive media forms such as but not limited, to a password protected Zoom broadcast. I understand that the videos may be taken by staff, professional videographers, news media, and other parents. I understand that I will be notified if any videos are to be used for publicity purposes and that I have the right to refuse permission at any time.

Signature: _____

PHOTOGRAPHS – PLEASE SELECT ONE:

FULL PERMISSION

I hereby give my permission for my child to be photographed in the program, program functions, and field trips, and for the photographs to be displayed via New Creations Facebook page, Daily Connect / Moment Path, brochures and/or bulletin boards. I understand that the photographs may be taken by staff, professional photographers, news media, and other parents. I understand that I will be notified if any photos are to be used for publicity purposes and that I have the right to refuse permission at any time.

Signature: _____

PARTIAL PERMISSION

I hereby give partial permission for my child to be photographed in the program. My signature on the lines below indicate I am giving permission to New Creations to have my child's picture taken and displayed in the following manner. If I do not sign, I am requesting that my child's picture not be taken.

	Signature
New Creations Facebook Page	_____
Daily Connect / Moment Path individual photos	_____
Daily Connect / Moment Path group photos	_____
Center bulletin board photo collage	_____
Yearly professional class picture	_____
Photos taken throughout the year for the Spring Program slideshow	_____
Photographs for advertisements (brochures, posters, etc)	_____
Are there any photos that you would not like your child to be a part?	_____

NO PERMISSION

I hereby request that my child's photograph not be used or taken in any manner.

Signature: _____

Requirements