

CHILD'S NAME \_\_\_\_\_

YOUR PERMISSION AND INITIALS/SIGNATURE ARE REQUESTED AS FOLLOWS.



**WALKING TRIPS**

MY CHILD HAS PERMISSION TO ACCOMPANY HIS/HER CLASS, STAFF, AND COOPERATING PARENTS ON WALKING TRIPS TO AREAS OF INTEREST NEAR THE SCHOOL.

(\*AS WE BEGIN THE SCHOOL YEAR UNDER COVID-19 RESTRICTIONS, WE ARE PROHIBITED FROM LEAVING THE SCHOOL PREMISES. THIS MAY CHANGE AS THE YEAR PROGRESSES.)

\_\_\_\_\_  
SIGNATURE DATE

**SCHOOL DIRECTORY**

    YES, YOU MAY LIST OUR FAMILY'S NAMES, ADDRESS, TELEPHONE NUMBER AND EMAIL ADDRESS IN THE SCHOOL DIRECTORY, FOR DISTRIBUTION TO SCHOOL PARENTS, FOR SCHOOL PURPOSES ONLY.

    No, I DO NOT GIVE PERMISSION

INITIALS DATE

**PHOTOGRAPHY**

    YES, I GIVE THE PRESCHOOL PERMISSION TO USE MY CHILD'S PICTURE (NAME WILL NEVER BE USED) ON THE PRESCHOOL OR CHURCH WEBSITE, PRINTED MATERIALS OR ANY OTHER PUBLIC MEDIA.

    No, I DO NOT GIVE PERMISSION.

INITIALS DATE

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