

PICTURE/VIDEO & FIELDTRIP AUTHORIZATIONS AND OTHER PERMISSIONS

LOCATION: _		(please specify: Boys' Latin, Garrison Forest, or Gerstell Academy	
Please li	ist nam	es (first/last) of ALL enrolled children:	
Photogr	aphy o	r Video of children participating in o	ur programs
Yes	<u>No</u>		
		Do you give permission for your chil	d(ren) to be photographed for display at the Center?
		Do you give permission for the photo (including but not limited to: flyers, b	s to be used for publicity and advertising? prochures, blog or website)
Other P	ermiss	ons	
<u>Yes</u>	<u>No</u>		
		Do you give permission for your child as needed?	l(ren) to apply sunscreen, provided by the center,
		Do you give permission for your child as needed?	l(ren) to apply bug spray, provided by the center,
		Do you give permission for your child the school campus (Examples: attend	I(ren) to attend "walking field trips" that are on a sporting event, nature walk, etc)?
		ne following statements, and initial your	agreement in the corresponding box:
<u>Initials</u>	_	e reviewed and/or received a copy of the	ne "A Parent's Guide to Regulated Child Care."
	I hav	e reviewed and/or received a copy of the	e Harford Heights Family Handbook
	I und	erstand the Passive Technology Regula	ation as stated in the handbook.
	I und		nild Care to file a complaint or address any other
	If my		cumented needs, I have provided the staff with
Parent/Guardian Signature			Date
Director Signature			Date