

Child's Name _____

Please read carefully all sections below.

PERMISSION TO PHOTOGRAPH:

YES, I give the Hilliard United Methodist Preschool permission to photograph my child during preschool activities. Pictures of my child may be used in the classroom, displayed throughout the preschool building, shown in newsletters given to our parents, preschool programs, or classroom photo albums, which may be taken home with other children in the classroom to be shared and viewed by family members.

X _____

Parent/Guardian Signature

Date

FURTHERMORE, I give permission to Hilliard United Methodist Church Preschool to post pictures of my child on the school's website pages. The preschool DOES NOT LIST the child's name with the posted pictures.

X _____

Parent/Guardian Signature

Date

ROSTER FOR BIRTHDAY LIST:

YES, I give the Hilliard United Methodist Preschool permission to include my child's information on the Hilliard UMC Preschool Classroom Birthday Roster, which may include the child's name, parents' names, address, phone number and email address.

X _____

Parent/Guardian Signature

Date

PRESCHOOL NEWSLETTER

We would like to communicate with you family by email when possible. Please complete the following indicating whether or not you would prefer to receive a paper copy of all information in addition to emails.

email only

email & paper copy

Our family email address is _____

Mother's email: _____

Father's e-mail: _____