PERMISSION FORM

CHILD NAME(s)	DATE
PLEASE SIGN THE FOLLOWING AND RETURN TO THE SCHOOL OFFICE BEFORE THE END OF THE FIRST WEEK OF YOUR CHILD'S ADMISSION:	
NUTRITION (toddler through primary) I agree purchase a school provided lunch if desired who hour.	•
signature of parent	
PHOTO RELEASE: I understand that pictures and video taken at so be used for educational or public relations purporthe web and the like. I give permission for The Cothe school of my child for school-related activities	oses, in articles, magazines, films, on Children's House to use photographs at
signature of parent	
PROGRAM PLACEMENT: I understand The Children's House program gos procedures and agree with this program placem	
signature of parent	
FIELD TRIPS: (Kindergarten and Elementary of I give my permission to The Children's House for and/or participate in field trips.	
signature of parent	
SUNSCREEN: I give permission to The Children's House staff my child as needed.	to apply SPF 30 or higher sunscreen to
signature of parent	