

Sugar Grove Developmental Day School Permission Form

While your child is enrolled in this program, he/she will be involved in a number of special activities for which we need your permission. Please read the following information carefully. You are encouraged to ask questions about anything that is unclear to you. You, of course, have the option of withdrawing permission at anytime.

Child's name: _____

(Please circle your choices)

- A. I DO I DON'T give permission for my child to go on walks outside the fenced area with the classroom teacher and class in the nearby neighborhood.
- B. I DO I DON'T give permission for my child to be screened for hearing.
- C. I DO I DON'T give permission for my child to be screened for speech and language.
- D. I DO I DON'T give permission for my child to be screened for specific educational needs.
- E. I DO I DON'T give my permission for my child to be photographed, video, voice-recorded to use in educational, non-profit publications/presentations intended to further the cause of public education. This permission is applicable for current, as well as, future project use.
- F. I DO I DON'T give my permission for my child to have their photograph on Sugar Grove Developmental Day School's Facebook Page.
These images and recordings will be representations of enriching experiences offered to your child during the year.

As part of this program, your child's records maybe included in research that evaluated the value of the program. In all cases, the confidentiality of the individual child's record is maintained.

Parent/Guardian Signature: _____ Date: _____