

PARENT/GUARDIAN PERMISSION FORM

Child's Name: _____

Please initial and date if you give permission for "Little Halos" to do the following:

PHONE RELEASE

To release my phone number and address to Little Halos families.

YES NO Parent/Guardian Initials: _____ Date: _____

WALKING FIELD TRIPS

To take my child on walking field trips around the church campus.

YES NO Parent/Guardian Initials: _____ Date: _____

PHOTOGRAPHS

To take pictures/video of my child for special events, bulletin boards and in-house marketing materials.

YES NO Parent/Guardian Initials: _____ Date: _____

To take pictures of my child for the school's Web and marketing materials.

YES NO Parent/Guardian Initials: _____ Date: _____