



## Discovery Time Preschool

A time to learn, share & discover.

### Release & Authorization Permission Form

Student's name: \_\_\_\_\_

#### Picture Release:

I give permission for my child to be photographed or videotaped by Discovery Time Preschool to be used but not limited to:

- Labeling student items
- Class photos
- Student or school projects
- Newspapers
- Church/Preschool website or newsletter for publicity/advertising/families
- Communication items
- School program media presentations or other DTP offerings
- Discovery Time Preschool official Facebook page and other official social media used

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Travel and Activity Authorization:

I give my permission for my child to leave the Discovery Time Preschool with teachers and staff for trips in a vehicle or walking field trips. Trips include but are not limited to parks, libraries, etc. within proximity of the preschool. I will receive information about any trips in which my child is invited to participate.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Southeast Polk Release of Information Authorization: (this only applies to 4/5 yr. olds)

I give my permission to Discovery Time Preschool to give our contact information to Southeast Polk School District so that the school district can send us Kindergarten information.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_