

Consent & Release

for The Children's School at Holy Cross St. Michael Center
4105 Harrison St. Sioux City, IA 51108

Child's Name _____

Consent is given for the items initialed below:

_____ **Walking Trips**

On occasion my child may walk around the school perimeter or to the city playground across the street from the school.

_____ **Photo Release/Classroom Use**

My child may be photographed while at preschool. Photos may be used in the classroom.

_____ **Photo Release/Social Media Use**

My child may be photographed while at preschool. Photos may be posted on The Children's School Facebook page and/or BHCS website.

_____ **Sunscreen**

Sunscreen may be applied to my child's skin when necessary. If you have a preference on sunscreen, please provide it labeled with your child's name.

Signature of Parent

Date

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Date