



PERMISSION TO POST CHILD SPECIFIC ALLERGIES/HEALTH NEEDS

I give Jake's Place permission to post my child's allergies and or other important medical information in each classroom and other public areas as needed.

Parent/Guardian Signature

Date

PERMISSION TO PHOTOGRAPH FOR INTERNAL USE

I give permission for my child _____
Child's Name

to be photographed for the purpose of classroom documentation for parents in the school via our Kaymbu photo documentation program.

Parent/Guardian Signature

Date

PERMISSION TO PHOTOGRAPH BY JAKE'S PLACE STAFF

I give permission for my child to be photographed by the Jake's Place staff or a Jake's Place parent for educational/curriculum purposes without specific consent. No outside agency or individual will be allowed to photograph my child without my consent.

Parent/Guardian Signature

Date

SCHOOL DIRECTORY

Some parents would like access to other parents for friendship or idea swapping. Other parents are interested in inviting their child's friends over to play or to a birthday party. If you would like your phone number/address/email to be printed in the Jake's Place Directory please sign release form. Please note that if you do not provide this information, your child will NOT be listed in the directory.

I, _____ give permission for Jake's Place to
Parent's Name/ Date

release my phone number, address and email address to other Jake's Place parents only.