



## AUTHORIZATION FORM

- | Y                        | N                        |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>ACTIVITY:</b> My child has permission to participate in the Children's Winter Garden with White Wing School programs including all indoor and outdoor activities.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>FIELD TRIP:</b> My child has permission to go on various field trips throughout the school year. I understand that I will be notified before each field trip and have to sign a separate permission slip for those events.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>ALTERNATE SPACE USAGE:</b> Most class time at Children's Winter Garden with White Wing School is spent in the classroom, or on the playgrounds. There are times, however, when classes use other locations in the building beyond the usual child care space. These locations include, but are not limited to, the school library, dining room, auditorium, fellowship room, and youth room. I grant permission for my child to use the alternate spaces in the building under the supervision of Children's Winter Garden with White Wing School staff. |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>PHOTOGRAPHY:</b> I grant permission for Children's Winter Garden with White Wing School to take photographs of my child while participating in activities associated with the school. I understand that these photos may be used for promotional purposes including but not limited to the Children's Winter Garden with White Wing School website, local area newspapers, school advertisements, and social media. The name of your child will not be released without signed permission by parent/guardian.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>ARTWORK:</b> I grant permission for Children's Winter Garden with White Wing School to take photographs of my child's artwork. I understand that these photos may be used for promotional purposes including but not limited to the Children's Winter Garden with White Wing School website, local area newspapers, school advertisements, and social media.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>LICENSING INTERVIEW:</b> I grant permission for my child to be interviewed (informal discussion) by a State Licensing Representative or NAEYC Validator about school activities.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>HEALTH INFORMATION ACCESS:</b> I grant permission for my child's teachers and/or the Children's Winter Garden with White Wing School's director, to access the health forms in my child's file.  |



# AUTHORIZATION FORM

Continued

Y      N

           **CLASS LIST:** I grant permission for Children's Winter Garden with White Wing School to publish the following checked items on the class list to be shared with the families in my child's class:

- |  |   |
|--|---|
| <input type="checkbox"/> My name         | <input type="checkbox"/> Address              |
| <input type="checkbox"/> My child's name | <input type="checkbox"/> My child's birthdate |
| <input type="checkbox"/> Email           | <input type="checkbox"/> Telephone Number     |

\_\_\_\_\_  
(Child's Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Relationship to Child)

**ANNUAL UPDATE:** The parent/guardian must review this information annually, make any necessary changes then initial and date below to verify that the information is correct, and that they are granting permission.

Parent/Guardian Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Initials: \_\_\_\_\_ Date: \_\_\_\_\_