

## **PCC Preschool Permission Request**

Name of Child			
	ers, and specia ool year. Please	e list any email addre	our families using your email sses below that you would lik
Name		Email	
Name		Email	
Communication through a Famly is the educational parent/guardian for each below who will be the bill parent/guardian for each	latform we use school. Your n child. This per	nonthly invoice will be son is considered the	e sent to only one "bill payer". Please indicate
Name		Email	
We will provide our familied parents'/guardians' name information you would like I give permission for the for the formation all that apply):  All items listed	s, email addres to be included ollowing inform   Email Ad	sses and phone number.  Mailing address is restion to be included to	pers. Please let us know what not part of the roster. On the class roster   Child's Name
<b>Photo and Video Use</b> During the school year we activities in our program.	will be taking	photos and/or video	
<ul><li>Preschool Slideshows</li><li>Weekly and Monthly Enall Preschool families)</li><li>PCC Preschool Website</li></ul>			nunity Center Media nant Church Media
Parent/Guardian Name			
Parent/Guardian Sianatur	Δ		Date