

COVENANT PRESCHOOL AND EXTENDED CARE

5800 W. MAPLE ROAD, WEST BLOOMFIELD 48322
(248) 855-1662 | covenantpreschool5800@gmail.com

PHOTOGRAPH RELEASE PERMISSION

I give Covenant Preschool and Extended Care permission for my child,
_____ to be photographed in a school and/
or field trip setting. Photographs may be posted on the Covenant Preschool
email network, private classrooms' Instagram, private Class Dojo and/or
private Seesaw. Only parents are allowed to join private
classroom communications.

Please note: Photographs will not be used on any other internet environment.

Parent's Name (*Print*): _____

Parent's Signature: _____ Date: _____

Primary Contact and Release Persons

Mother's Name: _____

Mother's Phone #: _____ **Mother's Work #:** _____

Mother's Email Address: _____

Father's Name: _____

Father's Phone #: _____ **Father's Work #:** _____

Father's Email Address: _____

List any allergies or eating restrictions your child has:

Are any of the allergies life-threatening? Yes No

If yes, please provide special instructions:

List any medications your child would need regularly during school hours:

List any physical, emotional, or learning disabilities your child has:

In an effort to provide a safe environment for students, volunteers are never left alone with children, and must sign this statement:

- I fully understand child abuse and neglect is against the law.
- I have never been convicted of a felony involving harm or threatened harm to a minor child.
- I have never been convicted of child abuse or neglect.

Parent Signature: _____ **Date:** _____