

Email Authorization Form

I give permission for A Child’s Journey School to contact me through my email account. I also give permission for A Child’s Journey School to add me to the newsletter and to send me other communication and updates through my email account.

_____ Parent Email

_____ Parent Email

Photo Release Form

I, _____, hereby grant A Child’s Journey School permission to display photos and text photos of my child _____.

_____ in the classroom

_____ on public advertising A Child’s Journey School

_____ On A Child’s Journey School website/Facebook

_____ Text to parent only

Parent Signature

I understand that no identifying information will accompany the photographs and every effort will be made to ensure the safety and security of my child’s identity. By signing above, I acknowledge my understanding of the above and grant permission for use of photographs.

Parent Talent Search

Please let us know of your interest, skills, talents, and experiences that you would like to share with the children. If you would like let us know if you would want to share this interest, skill, talent or experience with the school. Thank you.

Parent Signature _____ Date _____