

# Permission Form

Little People's Preschool  
1274 Main Street  
Crete, IL 60417  
(708) 672-9100

Child's Name: \_\_\_\_\_

I give permission for my child to participate in center-sponsored field trips.

(Circle One)            Yes            No

I give permission for my child to participate in vision and hearing screenings which have been approved by the center's director at a cost.

(Circle One)            Yes            No

I give permission for my child to be photographed or recorded while he/she is involved in the center's program. The permission is granted based on assumption that there will be no commercial use of the photographs or videos without further written consent.

(Circle One)            Yes            No

I give permission for my child's image to be used on the school's website.

(Circle One)            Yes            No

I give permission for my child to be observed for research purposes. Research purposes may be for the child development observations for education classes.

(Circle One)            Yes            No

\*All children say Grace before each meal while they are at school.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_