



SHERMAN EARLY CHILDHOOD CENTER AT HAR SHALOM PARENT PERMISSION FORM

Child's Name: _____

During the school year, 3 and 4 year olds will be screened for vision and hearing. Your signed permission will enable your child to participate in such tests. This information is for you and is confidential. Nothing will be held in cumulative records or sent to other schools. Speech and language screenings will be available to all preschoolers paid for by the families requesting this service.

I give my permission for my child to participate in screenings at the Sherman Early Childhood Center at Har Shalom.

_____ _____
Yes No

I give my permission for my child to walk with their class off the premises, under the supervision of their teachers to the local firehouse or Claggett Farm neighborhood. Parents will be notified and given signed permission forms for all field trips that require transportation.

_____ _____
Yes No

I give permission for my child's name, address, phone numbers, email addresses, and parent's first names to be used in a school directory distributed to ECC parents.

_____ No _____
Yes

I give Har Shalom staff permission to photograph, post on-line photos on our website or videotape my child in class activities for the purpose of display or promotion of the program. No names will be used unless individual permission is granted.

_____ No _____
Yes

Parent's signature

Date