

**First Presbyterian Weekday School
P.O. Box 1499 Belmont NC 28012**

While your child is enrolled in this program, he/she will be involved in a number of special activities for which we need your permission. Please read the following information carefully. You are encouraged to ask questions about anything which is unclear to you. You of course, have the option of withdrawing permission at any time.

(Child's Name)

Please circle your choice:

A: I Do/I Do Not give permission for my child to be screened for specific educational needs.

B. From time to time photographs of our preschool program will be made for educational and publicity purposes. These pictures will be representative of the enriching experiences offered to your child during the year.

I Do/Do Not give my permission for my child to be photographed. This permission is applicable for current, as well as, future project use.

As part of this program, your child's records may be included in research which evaluates the value of the program. In all cases, the confidentiality of individual children's records is maintained.

Parent's Signature: _____

Date: _____