

# Lancaster City Schools – Preschool Programs

Please **READ** and then **SIGN** each form

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

## Release of Information

My child's records may be shared with Head Start as part of our collaborative early childhood program.

Yes, I give my permission to share my child's records with other involved agencies.

No, I do not give my permission to share my child's records with other involved agencies.

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## Roster Permission

### ANNUAL CLASS ROSTER:

Each year we prepare a roster for each group of children in our program.

This roster will not be furnished to any persons other than parents of children enrolled in our program.

I authorize the following to be listed on the parent roster:

<b>My Child's name</b>	<b>yes</b>	<b>no</b>
<b>Parents/Guardians name</b>	<b>yes</b>	<b>no</b>
<b>Phone number</b>	<b>yes</b>	<b>no</b>

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## Photograph/Video Permission

Throughout our school year, individuals (teachers, parents, newspaper reporters, etc.) may be taping or taking pictures of the activities at our different locations. The pictures may be used for advertising, public awareness, and/or saving special memories. Please check yes or no and sign below.

Yes, my child **may** be photographed or videotaped.

No, my child **may not** be photographed or videotaped.

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## Student Handbook Verification

I have received and reviewed a copy of the Lancaster City School's Student Handbook with my child, including the Serious Misconduct Code.

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_