



Permissions 2019 – 2020

Student Name: _____

PUBLICITY RELEASE

____ (YES) I GRANT

____ (NO) I DO NOT GRANT

Permission to CTC Academy to use my child's PHOTO for publicity purposes, the CTC Academy School Yearbook, or any other CTC Academy publications---A/C Devices and other educational materials. If in the future I change my decision regarding this release, I will notify you in writing.

VIDEO RELEASE

____ (YES) I GRANT

____ (NO) I DO NOT GRANT

Permission to CTC Academy to VIDEOTAPE my child for program purposes. If in the future I change my decision regarding this release, I will notify you in writing.

WALKING FIELD TRIP RELEASE

____ (YES) I GRANT

____ (NO) I DO NOT GRANT

Permission to CTC Academy for my child to participate in all off-site WALKING FIELD TRIPS. If in the future I change my decision regarding this release, I will notify you in Writing,

CALL ALERT REGISTRATION

CTC Academy maintains a phone alert system to provide families with vital information regarding school closings, emergencies or community announcements. Please indicate how you prefer to be contacted. SPECIFY the phone # for Emergency Call Alerts:

____ HOME ____ CELL ____ (____) _____

____ HOME ____ CELL ____ (____) _____

EMAIL: _____

NAME: _____

ANIMAL ENCOUNTER RELEASE

____ (YES) I GRANT

____ (NO) I DO NOT GRANT

Permission for my child to participate in ANIMAL ENCOUNTERS. If in the future I change my decision in regards to this release, I will notify you in writing.

TASTING AND TOOTH BRUSHING

____ (YES) ____ (NO) Permission for my child to participate in TASTING ACTIVITIES. If in the future I change my decision in regards to this release, I will notify you in writing.

____ (YES) ____ (NO) Permission for my child to participate in TOOTH BRUSHING. If in the future I change my decision in regards to this release, I will notify you in writing.

SENSORY PLAY

____ (YES) ____ (NO) Permission for my child to participate in SENSORIMOTOR PLAY. If in the future I change my decision in regards to this release, I will notify you in writing.

____ Due to the following allergies/sensitivities, my child is restricted from participating in any activity that involves the listed material. Please be specific with food/products & type of reactions: _____

CTC ACADEMY PARENT MANUAL

____ YES, I have received and reviewed the policies/procedures parent manual

____ NO, I have not received the policies/procedures parent manual

PLEASE SIGN & DATE BELOW FOR ALL PERMISSIONS LISTED

Parent/Gaurdian Name (please PRINT)

Parent/Gaurdian SIGNATURE

Date: _____