PARENT VERIFICATION STATEMENT

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (please print)

**Please read and check the following:**

* I have reviewed the policies and procedures of

 Grace Preschool as outlined in the school’s handbook.

* I give permission for my name, my child’s name, my address,

 phone number and email address to be printed in the class

 roster (to be distributed to class families).

* I give permission for my child to participate in activities in

 other areas of the church in addition to their classroom –

 for example, sanctuary, fellowship hall, family life center (gym).

* I give permission for my child to be photographed for school use.

 Uses could include, but are not limited to, newspaper articles,

 display boards, Facebook private preschool group, brochures.

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 Parent Signature Date