



2019-2020 Preschool Parental Permission

Student Name _____

Media Permission

Yes No

_____ I grant my permission for St. Aloysius Catholic School/Preschool to publish a photograph of my child(ren) or my child(ren)'s school work/artwork, in an external publication or online via school website or social media during the 2019-2020 school year. I understand that my child's full name will not be published. I also grant permission for my child to be in video/power point productions created for approved school projects/events only (ie: Open House).

Class Roster Permission

Yes No

_____ I give permission for my child to be included in the class roster. Their name, parents' name(s), address, email address, and telephone number will be included and shared with other families in the class.

Pick up Permission

Please list the person(s) to whom this child can be released: (Please print)

_____	_____
Name	Relationship
_____	_____
Name	Relationship
_____	_____
Name	Relationship
_____	_____
Name	Relationship

Please list any person(s) NOT PERMITTED to pick up this child: (Please print)

_____	_____
Name	Relationship
_____	_____
Name	Relationship

_____	_____	_____	_____
Parent Signature	Date	Parent Signature	Date