

Coppell Child Development Center Consent Form

CHILD'S NAME: _____

HANDBOOK

I have read and understand CCDC's handbook/operational policies.

Parent Signature: _____

Date: _____

CLASS LISTS

_____ I give permission for CCDC to publish my name, child's name, address, email and phone number in a class list given only to CCDC faculty and families.

_____ I do not give permission for CCDC to publish my name, child's name, address, email and phone number in a class list given only to CCDC faculty and families.

Parent Signature: _____

Date: _____

PHOTOGRAPHS AND VIDEOS

_____ I give permission for CCDC teachers to take and use photographs and videos of my child for class projects and teaching tools. I understand these will be shared only with other CCDC families.

_____ I do not give permission for photographs or videos of my child to be used in school projects.

_____ I give permission for photographs or videos of my child to be used on the CCDC website, CCDC Facebook page and other advertisements.

_____ I do not give my permission for photographs or videos of my child to be used on the CCDC website, CCDC Facebook page and other advertisements.

Parent Signature: _____

Date: _____

PREFERRED METHOD OF COMMUNICATION (check one)

_____ email to: _____

_____ text to phone number: _____

_____ paper copy in student communication folder