



COMMUNITY OF FAITH
PRESCHOOL

ACTIVITY, PHOTO & MEDIA PERMISSION FORM

Child's Full Name: Last _____ First _____

Birth Date: _____ Male _____ Female _____

Please Initial "Give" or "Do Not" Give below (Only one box per question)

I hereby **GIVE** _____ **DO NOT** _____ give-consent for my child to participate in all the COF ACTIVITIES IN AND ON THE SCHOOL GROUNDS: Bikes, Trikes, Coupe Cars, Bounce House, Face Painting, Water Activities, Playground, Nature Hunts, Chalk on sidewalk, Science taste testing, Cooking Class with taste testing, eating items make in class or store bought, Inhouse field trips brought in from an external vendor, Pony Ride & Picture, Christmas & End of the Year Program Practice in the MPR room and will not hold COF Church or Preschool responsible for any injuries/accidents/incidents.

I hereby **GIVE** _____ **DO NOT** _____ give-consent for my child to be photographed/videoed by a Community of Faith Weekday Preschool and used on our COF PARENT COMMUNICATION APP (Class Dojo and/or Procare) where teachers post their day-to-day activities & photos during the day. This is a private APP and is only seen by our current staff, current families & current students enrolled.

I hereby **GIVE** _____ **DO NOT** _____ give-consent for my child to be photographed/videoed by a Community of Faith Weekday Preschool and used on our COF CHURCH WEBSITE/COF PRESCHOOL WEBSITE.

I hereby **GIVE** _____ **DO NOT** _____ give-consent for my child to be photographed/videoed by Community of Faith Weekday Preschool Staff and used on our COF FACEBOOK PAGE.

Parent Signature

Parent Printed Name

Date