## **Central Children's Academy Policy Agreement**

I have read and understand Central Children's Academy 2015-2016 Parent Handbook and discipline policy. I agree that I will abide by the policies therein.

Child's Name:		
Parent's Signature:		Date:
ı	Parent Release Form for Medi	a Recording
of my child, below. Such use includes photographs, images, nam	the display, distribution, publication, t ne and/or video taken of my child for u erials such as brochures and newslette	ransmission, or otherwise use of ise in materials that include, but may not
Deny permission t	to use my child's image.	
Grant permission	to use my child's image.	
Parent's Signature:		Date:
	Field Trip Permission F	orm
	give permission for	
	entral Children's Academy. Informatior mes will be provided to parents prior t	n regarding destination, means of travel, o each field trip.
representative for said chi expedient by a duly licens	hereby request and give consent to the ild to receive such medical or surgical a ed or recognized physician, and also givent in the event a parent/guardian care.	aid as may be deemed necessary and ve consent for transportation of my
Parent's Signature:		Date: