PERMISSION FORM

Child’s Name: ________________________________

I give permission for my child to be taken to the playground or on walks around the school grounds. He/ She may also participate in Center sponsored activities and events. I understand that I will be notified, in advance, of any trips or activities which will take place off-campus.

YES    NO  (please circle one)

I give permission for my child to be photographed/videotaped during the time s/he is participating in the Center program. I am aware that the images will be randomly posted onto the classroom blogs throughout the year or shared in school newsletters or bulletin boards. The permission is based on the assumption that there will be no commercial use of the photographs without further written consent. No names will be used.

YES    NO  (please circle one) Class room blogs

YES    NO  (please circle one) School Newsletters

From time to time we may photograph/videotape your child to use on the Montclair State University website, brochures or other Montclair State University publications. These images enable us to share information about our program with the public, other institutions and possible donors.

I give permission for my child’s image to be used without their name.

YES    NO  (please circle one)

I give permission for my child’s name and image to be shared with area news agencies if they are covering a story about the school.

YES    NO  (please circle one)

The Children’s Center serves the Montclair State University College of Education and other university divisions as a laboratory for the preparation of educational personnel. The Center and the College also engage in educational research, curriculum development and preparing/distributing materials.

As a result of this commitment, children will at times participate, as groups or individually, with MSU students in experiences related to the student’s class preparation and assignments. These experiences will be carried out under the direct supervision of the Center personnel, and will occur inside the Center classroom, gym, or outdoors. For all experiences carried out without direct supervision of the Center staff, specific parental permission will be requested on an individual basis.

I understand the intent of this release, and my permission is given in consideration of the educational purposes it may share.

________________________________________________________________________

(Parent’s Signature)       (Date)