



Permission to Photograph

I, _____ give permission for
Parent/Legal Guardian's Name

Capo Beach Christian Preschool & Jr. Kindergarten

To photograph/video my child _____
for the following purposes.

Facility's Website	YES	NO
Classroom Displays	YES	NO
Scrapbook (shown to prospective clients)	YES	NO
Video/Slideshow to Current Parents	YES	NO
Promotional Materials	YES	NO

Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed if any.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the duration of my child's enrollment.

Signed: _____ Date: _____

Parent/Guardian Signature

Ph. (949) 443-1316 Fax. (949) 242-9767
25975 Domingo Ave. Capistrano Beach, CA 92624



Preschool Directory

Dear Parents,

We are putting together a directory for the preschool. To help me with this process, please fill the following information as you wish it to appear, and return it to school as soon as possible.

This directory will be for preschool families exclusively and will be very useful for Birthday Party planning and making play dates. Please leave any questions blank if you do not want it printed. If you do not wish to be in the directory at all please sign the bottom.

Thank you

Child's Name: _____ Parent/Guardian _____

Home Phone: _____ Cell Phone: _____

Email: _____

___ Please **do not** include our family in the directory.

Signature of Parent/Guardian _____ Date: _____

Permission to Apply Sunscreen

My Child, _____, may have sunscreen applied to exposed skin areas before going outside on warm sunny days.

I will provide a sunscreen with a sun protection factor (SPF) of 15 or more (without Paba is recommended). Paba gives some children blotchy rashes.

I will mark my child's name on his/her sunscreen Plastic container with a permanent marker.

Signature of Parent/Guardian _____ Date: _____