



Permission and Release of Liability
(Phone Directory, Photo/Video Release, Neighborhood Walks and State Required Car Seats)

I _____ give permission for my child's name to be published in the Little Angels Christian
(print "Do" or "Do Not") Preschool Directory. Parents' names, address and phone number will also be listed.

Please print how you would like your information to be listed in the directory.

Child's Name _____

Parent/Guardian _____

Address _____

City _____ Zip _____

Phone Number _____

E-mail address _____

I _____ give permission for my child to be photographed/videoed while attending Little
(print "Do" or "Do Not") Angels Christian Preschool. I also understand that photographs of my child could appear
on Facebook, Instagram, and/or the Little Angels/St. Michael's websites, newsletters or local newspapers to
promote Little Angels Christian Preschool. Names will not be included without written permission from parents.

I _____ give permission for my child to go on walks with the classroom teachers and class
(print "Do" or "Do Not") in the nearby neighborhood of St. Michael's Episcopal Church.

I accept full responsibility for providing a child car seat or restraint for my child when transporting my child to or
from school in my vehicle or in the vehicle of any other person I have authorized to pick-up my child.

I understand and accept the terms outlined above.

Child's Name: _____ Class: _____

Parent/Guardian Signature

Date