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**Gan Chabad Preschool Summer Program 2020**

**Chabad of Valley Stream/ Chabad for the Hebrew Speaking Community of LI  
550 Rockaway, Valley Stream, NY 11581 516.825.556 chabad11581@gmail.com**

**Permission Form:**

Please complete every section of this form.

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**1. Napping Arrangement Agreement**

This section must be completed regardless of whether your child will be napping.

I understand that my child(ren) will rest/sleep on a cot/mat/pack & play as per the class schedule and/or if the need should arise.

Signature of Parent/Guardian for napping: \_\_\_\_\_ Date: \_\_\_\_\_

**2. Permission to take photos**

Permission is hereby given for the Gan Chabad Preschool to use in promoting the Gan Chabad Preschool and in other ventures directly relating to the GCP, photographic, video, and audio images or likenesses of Student; and statements, articles, names, music, art, photographs, audio recordings, films and videos created by the Student or originating from the GCP or from a GCP related activity.

Signature of Parent/Guardian for photos: \_\_\_\_\_ Date: \_\_\_\_\_

**3. Permission for class list**

Permission is hereby given for the GCP to share a class list with my child/children's name/names, parent/parent's name/names, home address, home & cell phone number with GCP families.

Signature of Parent/Guardian for class list: \_\_\_\_\_ Date: \_\_\_\_\_

**4. Permission to post my child's allergies**

Permission is hereby given to post my child's allergy for all who come into the classroom to be aware and to help ensure that my child will not get this specific food.

Signature of Parent/Guardian for allergy posting: \_\_\_\_\_ Date: \_\_\_\_\_

**6. Acknowledgement of Tuition fees**

I have read and agreed to all terms of tuition fees.

Signature of Parent/Guardian for acknowledgement of tuition fees:  
\_\_\_\_\_ Date: \_\_\_\_\_