

Thalia Day School

***Permission to Participate in Programs Activities, to Go on Field Trips,
and Be Photographed by the Provider***

Name of Provider: Thalia Day School (TDS)

Name of Child: _____

The undersigned, who are the parents or guardians of the above-named child, grant permission for said child to use all of the play equipment and to participate in all of the activities presented by T.D.S. which is appropriate for the child's age at the time of the activity or the use of the equipment.

We also grant permission for said child to leave T.D.S. under the supervision of the teacher or duly appointed representatives for neighborhood walks or for field trips in a vehicle. *Upon notification*

Furthermore, we grant permission to T.D.S. to take photographs or video tapes of said child as part of the general program activities and for the T.D.S's own records. This permission does not extend to photos or videotapes for commercial purposes.

_____ Date ___/___/___
Parent or Legal Guardian

_____ Date ___/___/___
Parent or Legal Guardian

_____ Date ___/___/___
Witness