

Avon Lake City Schools
LEAPS Preschool Program

Child's Name: _____

Parent/Guardian's Name: _____

Photograph Permission:

I give my permission for my child's photographs/videos to be used by the LEAPS staff for the purposes of informing the public about the LEAPS program. At no time will children's last names be used.

Parent/Guardian Signature: _____ Date: _____

Roster Permission:

According to the Revised Code 3301.53 and 3301.56 we must prepare a roster of each group of children and make this available to parents upon request. We will ensure that this roster will not be furnished to anyone other than a parent/guardian. Please indicate your preference about being included on such a roster.

- YES. I would like to have my child's name and telephone number included on the class roster.
- NO. Please *do not* include my child's name or telephone number on the class roster.

Parent/Guardian Signature: _____ Date: _____

Please Return this Completed Form to your child's LEAPS teacher.