

Preschool of the Arts  
Permissions Form 2012-2013

Child's Name \_\_\_\_\_

\*Please initial each permission listed. Leaving a line blank means you do not grant permission.

\_\_\_\_\_ **PSA Documentation**

I give permission for my child to be photographed or videotaped by PSA faculty and staff for classroom or school use.

\_\_\_\_\_ **Website Release**

I give permission for photos and dialogue of my child to be used on Preschool of the Art's website. No children will be identified by name.

\_\_\_\_\_ **School Directory**

I give permission for my family's contact information to be listed in the all school directory to be distributed to all Preschool of the Arts families.

**Insurance Verification**

I hereby verify that my child is covered by an independent health insurance carrier.

\_\_\_\_\_  
Name of carrier

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Preferred Hospital

This facility is operated in accordance with the U.S. Dept. of Agriculture policy, which prohibits discrimination on the basis of race, color, national origin, sex, handicap, or age. Any person who believes he or she has been discriminated against in any USDA-related activity should write immediately to the USDA Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Ave, SW, Washington, D.C. 20250-9410 or call (202)720-5964 (voice and TDD).