



PERMISSION FORM 2024-2025

CHILD'S NAME: _____

A) PHOTO RELEASE

I grant to Swarthmore Presbyterian Nursery Day School the right to take photographs of my child and my family in connection with experiences at the facility and on walking trips. I authorize SPNDS, its assignees and transferees to copyright, use, and publish the same in print and/or electronically. SPNDS will not publish children's photos on Facebook, Twitter, or any other social media platform.

_____ I agree that SPNDS may use such photographs of my child without his/her name for any lawful purpose, including, for example such purposes as publicity, illustration, advertising, and Web content.

_____ Do not use my child's photos in published materials.

Parent Signature _____

Printed Name _____ Date _____

B) CONTACT INFORMATION TO BE INCLUDED IN THE SPNDS STUDENT DIRECTORY

Each year, SPNDS publishes a student directory to be used by the current staff and enrolled families, which includes your child's name, address, parent(s) name(s), phone number(s) and email address(es). Please indicate your preference regarding publishing your child's information in the current SPNDS Directory.

Student's Name: _____ Parents' Names: _____

Mailing Address: _____ Contact Phone Number(s): _____

Contact Email(s): _____

_____ Yes, I give SPNDS permission to publish the above contact information in the directory.

_____ No, do not publish my child's information in the directory.

Parent Signature _____

Printed Name _____ Date _____

C) WALKING TRIPS

I hereby give permission for _____ to go on supervised walking school trips with SPNDS.

Parent Signature _____

Printed Name _____ Date: _____