



## SETON CATHOLIC PRESCHOOL

# TRAVEL AND ACTIVITY AUTHORIZATION

I give permission for my child \_\_\_\_\_ to leave SETON CATHOLIC PRESCHOOL for trips in a car or on public transportation to special places, walks to the park, shopping trips, etc.

RESTRICTIONS ON SUCH TRIPS:

Date \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_

I understand that by checking this box, I acknowledge and agree to the terms above in the TRAVEL AND ACTIVITY AUTHORIZATION.

### PICTURE RELEASE

I hereby give my consent to let my child be photographed for use by the Preschool to be used in newspapers or other media.

Date \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_

I understand that by checking this box, I acknowledge and agree to the terms above in the PICTURE RELEASE.

Please check people authorized to see student file information:

- School Personnel
- AEA
- Health Care Providers
- Other \_\_\_\_\_