**PERMISSION FORM - BEFORE / AFTER CARE PROGRAM**

Student(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Print first and last name)

**Pictures**

Before/After Care may take pictures for use in the Holly Ridge ES Yearbook

 \_\_\_\_\_ **YES** - I give permission for my child(ren) to possibly have their picture used

 \_\_\_\_\_ **NO** - I DO NOT give my permission for my Child(ren) to be photographed

**Movies**

During the school year, we may show age appropriate movies/programs. Most are rated “G” however some may be rated “PG” (yep even Disney).

\_\_\_\_\_ **YES** - I give permission for my child(ren) to watch PG age related movies

 \_\_\_\_\_ **NO** - I DO NOT give my permission for my child(ren) to watch PG age related

movies of any kind

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 Parent Name – Print and Sign Date