

# Parental Agreement



Permission Form for \_\_\_\_\_ Dated \_\_\_\_\_

## Photographs/Videotaping/Sound Tape Recording

I do \_\_\_\_\_ I do not \_\_\_\_\_ give my permission for my child to be photographed, videotaped, or sound tape recorded in the program, program functions, and field trips to be displayed on the web site, and at the center. I understand that the photographs and taping may be taken by school staff, professional photographers, news media or other parents. I understand that I will be notified if any photos are to be used for publicity purposes and that I have the right to refuse permission.

Signed \_\_\_\_\_

## Mandated Reporter

I understand that every employee at Hope Lutheran Early Learning Center is a mandated reporter. I understand that all staff has been trained to recognize the symptoms of child abuse and they are required to report any suspected child abuse or neglect to Social Services.

Signed \_\_\_\_\_