

Young Israel Shomrai Emunah Nursery

2011 - 2012

813 University Blvd W

Silver Spring, MD 20901

Phone: 301-593-7365 Email: nursery@yise.org

PERMISSION FORM

Field Trips

I, _____ give permission for my child _____ to go on all field trips planned by Young Israel Shomrai Emunah Nursery for the September to June 2011 - 2012 school year. Furthermore, should transportation be required, I agree to allow my child to be driven by another parent.

Parent Signature _____ Date: _____

Photographs

I, _____ give Young Israel Shomrai Emunah Nursery consent to use photographs of my child _____ for publicity, newsletters, and school videos. No identifying information will be used.

Parent Signature _____ Date: _____

Release of Information

I, _____ give permission to Young Israel Shomrai Emunah Nursery to give my name, address, and phone number to prospective kindergartens for the purpose of recruitment. After children are accepted into a kindergarten program, a principal may call the nursery to inquire about my child. I give permission for the director or teacher to speak to the principal regarding my child.

Parent Signature _____ Date: _____