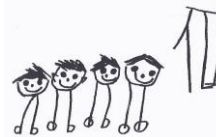




Plymouth House Nursery School

87 Edgell Road
Framingham, MA 01701
508-875-1001



Permission Form

Child's Name _____ Date of Birth _____

Please initial your agreement with the following:

Parent Handbook

I have read the Plymouth House Nursery School Parent Handbook and understand the contents.
I will comply with the rules and regulations of the school.

Yes _____ No _____

Contact Information Permission

I give permission for my family's email address to be shared with PHNS families upon request.

Yes _____ No _____

Picture Taking

I understand that periodically Plymouth House Nursery School will take photos of my child for use in classroom newsletters sent to PHNS families, as well as for display in the school. I understand that these photos will *not* be used for advertising purposes or social media.

I agree for my child's photograph to be emailed in a classroom newsletter to PHNS families.

Yes _____ No _____

I agree for my child's photograph to be displayed in the school.

Yes _____ No _____

Photo Posting

I give permission for my child's photograph to be used for Plymouth House Nursery School advertising/marketing purposes, including but not limited to printed materials, our website, as well as for use on Facebook.

Yes _____ No _____

Topical Cream Permission

I give permission for the staff of Plymouth House Nursery School to apply non-medicated, topical creams to my child. These creams include diaper cream, sunscreen and bug repellent. I understand that I will supply any needed creams for my child and that these creams should be handed to a staff member and not left in my child's backpack.

Yes _____ No _____

Parent/Guardian Signature

Date