

Lancaster City Schools Preschool

Child's Name _____ Date _____

Roster Permission

Each year we prepare a roster for each group of children in our program.
This roster will not be given to any persons other than parents of children enrolled in our program.

I authorize the following to be listed on the parent roster:

My Child's name	yes	no
Parents/Guardians name	yes	no
Phone number	yes	no

Photograph/Video Permission

Throughout our school year, individuals (teachers, parents, newspaper reporters, etc.) may be recording or taking pictures of the activities during school activities. The pictures may be used for FaceBook, District Newsletters, advertising, public awareness, and/or saving special memories. Please check yes or no and sign below.

☐ Yes, my child **may** be photographed or videotaped.

☐ No, my child **may not** be photographed or videotaped.

Student Handbook Verification

I have received and reviewed a copy of the Lancaster City Schools' Student Handbook with my child, including the Serious Misconduct Code.

☐ Yes ☐ No

Hearing and Vision Screening

My child may participate in the following health screenings while enrolled in the Lancaster City Schools Preschool:

☐ Yes, my child's **hearing** may be screened.

☐ Yes, my child's **vision** may be screened.

I understand that upon completion of any of the above screenings I will be informed of the results if a referral is needed.

Parent/Guardian Signature _____ Date _____