



## **PHOTO EXCLUSION & EMAIL POLICY**

Dear Parents/Guardians,

As you may know our school has a website that we often update to better communicate with parents and to promote our program. We would also like to use these pages to feature our students participating in a variety of activities designed to enhance their learning and to highlight and celebrate their achievements.

We realize that posting student photos on the website is a serious responsibility. The Church in the Highlands has made a decision that photos of students posted to our site will not show any names.

In addition, photographs and videos are taken throughout the school year in classes and other activities. These may become public or be used in publications, such as school fliers or pamphlets.

Please check the appropriate box and return to your child's teacher. We thank you in advance for your attention to this matter.

- I do not want my child's photo and or video published on the website of the Church in the Highlands ECC or the Church in the Highlands ECC Facebook page.
- I give permission to have my child's photo and or video on the Church in the Highlands ECC website or Facebook page. It is my understanding that my child's name will not be associated with the photo or video.
- I give permission to have my phone number and email address included in the class list which is distributed to the parents and staff.

Child's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Child's Class: \_\_\_\_\_ Child's Teacher: \_\_\_\_\_

## **DENTAL FORM**

As you know, our Early Childhood Center is licensed through the New York State Office of Children and Family Services. As part of the regulations we need to provide certain information, including information that pertains to your child's last dental check-up. If your child has not yet been to the dentist, please provide us with the name of your family dentist. Take a moment to complete this form and return to the office before the start of school.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Class: \_\_\_\_\_ Child's Teacher: \_\_\_\_\_

Date of most recent Dental Exam or Cleaning: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_