

Sweet Honeybee Preschool

www.sweethoneybeepreschool.com

Permission Authorization

Child's Name: _____ Date: _____

Outings

I give permission for my child to attend weekly adventures to Woodland Park and/or the BF Day Playfield with Sweet Honeybee Preschool staff.	____ Yes ____ No	____ Initial
I give permission for my child to attend neighborhood walks with Sweet Honeybee staff.	____ Yes ____ No	____ Initial

Other Info

I give permission for Sweet Honeybee Preschool to share my contact info with other enrolled families for our class roster.	____ Yes ____ No	____ Initial
I give permission for Sweet Honeybee Preschool to apply sunscreen (you will provide) during preschool hours.	____ Yes ____ No	____ Initial

Photo Release

I give permission for my child's photo to be taken and used for the following purposes:

Sweet Honeybee Preschool family emails and newsletters	____ Yes	____ No	____ Initial
Sweet Honeybee Preschool public webpage	____ Yes	____ No	____ Initial
Sweet Honeybee Preschool promotional materials	____ Yes	____ No	____ Initial
Sweet Honeybee Preschool Facebook page	____ Yes	____ No	____ Initial

Parent/Guardian Name (printed) _____

Parent/Guardian Signature: _____ Date: _____

Note: This form will be valid as long as your child is enrolled at Sweet Honeybee Preschool. If you would like to make changes to your form, please let us know so that we may update your information.

ADDRESS

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[206] 755-5096

EMAIL

sweethoneybeepreschool.com