



Alpharetta Presbyterian Dayschool

180 Academy Street - Alpharetta, Georgia 30009
(770) 751-3862

www.alpharettapres.com/dayschool



Child's Name _____ Teacher _____

I _____, (name) give permission for the following: (please place a check by each item to which permission is given)

_____ To include my name, address, e-mail address and phone number on a class roster to be distributed to my child's class.

_____ To include my e-mail address on the APC Parent Organization distribution list. The Parent Organization will provide only information regarding school related activities.

_____ To photograph my child while participating in APC Dayschool activities and to share those photos on school related social media, school website and printed material.
**While sharing photos, the names of children will not be used.

**Any photos taken by APC staff during APC activities shall remain the sole property of APC Dayschool, and I hereby release APC Dayschool from all claims and liability arising from or related to such use.

_____ My child may not be photographed.

_____ To transport my child from APC Dayschool in the event of an emergency evacuation.

Signature _____ Date _____

I understand this program has a Bright from the Start state license exemption.