Consent & Release
for The Children’s School at Holy Cross St. Michael Center
4105 Harrison St. Sioux City, IA 51108

Child’s Name ________________________________

Consent is given for the items initialed below:

____ Walking Trips
   On occasion my child may walk around the school perimeter or
to the city playground across the street from the school.

____ Photo Release/Classroom Use
   My child may be photographed while at preschool. Photos
   may be used in the classroom.

____ Photo Release/Social Media Use
   My child may be photographed while at preschool. Photos
   may be posted on The Children’s School Facebook page and/or
   BHCS website.

____ Sunscreen
   Sunscreen may be applied to my child’s skin when necessary.
   If you have a preference on sunscreen, please provide it labeled
   with your child’s name.

__________________________________________  ________________
Signature of Parent                                    Date

__________________________________________  ________________
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