

Policy and Photo Agreement Form

By signing this Policy Agreement form, I verify that I have read, understand, and agree to comply with the Parent Handbook and I commit to support all SCAP Staff, Administration and policies.

I give permission for my child to be included in a photograph/video to be used for:

Memory Book and classroom ____yes ____no Program video, promotional photo, or snippet ____yes ____no

REQUIRED SIGNATURE

Parent/Guardian Signature_____ Date_____

: