

**Policy Acceptance Form  
& Photo Release  
Aurora Co-op Preschool  
2017-2018**

By signing this form, I acknowledge that I have received and reviewed a copy of the 2017-2018 Aurora Co-op Preschool Parent Handbook and accept my obligation to abide by its terms.

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CHILD'S NAME AND CLASS

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PARENT SIGNATURE

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DATE

**Photo Release**

I hereby grant permission to the Aurora Co-op Preschool to reprint photographs of my child participating in school activities on promotional flyers, information brochures for the school, or the school's website. I understand these photos will not be used or sold for profit-making or commercial purposes. (Please initial below.)

I grant my permission \_\_\_\_\_ I do Not grant my permission. \_\_\_\_\_

**Please complete and return this form the Parent Meeting.**