

**Policy Acceptance Form
& Photo Release
Aurora Co-op Preschool
2018-2019**

By signing this form, I acknowledge that I have reviewed the 2018-2019 Aurora Co-op Preschool Parent Handbook and accept my obligation to abide by its terms.

CHILD'S NAME AND CLASS

PARENT SIGNATURE

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.