



Spuyten Duyvil

P R E S C H O O L

3041 KINGSBRIDGE AVENUE, BRONX, NY 10463 TEL 718 549 1525 FAX 718 884 0667 information@spuytenduyvilpreschool.org

PERMISSION FORM

1. I/We give permission for my/our child _____ to go with the Spuyten Duyvil Preschool teachers on walks around the area and field trips that are scheduled throughout the year.
2. Spuyten Duyvil Preschool may take photos of my/our child _____. These may be posted on bulletin boards or in books made by the teachers for the classrooms. We may also use the photos to illustrate the school's setting and activities. If we use these photos in flyers, newspapers, brochures, or web pages, I understand that the children's names will never be published or posted.
3. I/We would like to be included on my/our child's class list:

(Please check boxes by the information you want included)

Name Address Home phone Cell phone Email

Date

Parent(s) Name

Parent(s) Signature