



**Project Youth Release Information**

**Release must be signed in order for your child to attend programs. Please indicate any item(s) for which you do not give consent if necessary.**

1. I understand some of the programing is off school grounds. I give permission for my child to leave school grounds and be transported if necessary.
2. I understand recorded images of my child (both visual and audio) may be made of my child during the Afterschool Program. I give permission to The Family Resource Center-Project Youth, its designees, and its partner agencies providing services during the Afterschool Program to make and use such images/recordings in publications, advertising, brochures, newspapers, website or other advertising medium. I hereby waive any right to inspect and/or approve the finished product or the advertising copy that may be used, and the use in which it might apply. I hereby release and agree to hold harmless The Family Resource Center and its duly authorized agent from all legal responsibility or liability for the use of photographs as authorized herein.
3. I give permission for my K-5 child to view G and PG rated movies only if shown during program hours. If my child is in grades 6-8 I give permission for my child to view G, PG and PG-13 rated movies.
4. I give my child permission to use the Internet and other forms of technology in the Afterschool Program.
5. I give my permission for the Site Director to obtain a copy of my child’s immunization and physical from the school nurse. (examination must be completed within the past 2 years)
6. I give my permission for the Site Director to discuss behavior and academic issues concerning my child with the teachers and administration of my child’s school to better serve my child. I also give permission for the Site Director to access my child’s records that are kept by the school administration, including, but not limited to, school performance indicators, progress reports, report cards and classroom behavior assessments.
7. I give my permission for Site Directors to release any confidential information involving my child with other Family Resource Center service providers, school personnel including the school nurse and Law Enforcement. We are mandatory reporters for the Department of Children Youth and Families (DCYF).
8. **I give my permission for the Site Director to have access to my child’s 504 and/or Individualized Education Program (IEP) and to discuss his/her educational needs with school personnel.**

**Release does NOT apply to # \_\_\_\_\_**

\_\_\_\_\_  
**Child’s Name**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**\*\*\*This page must be returned with your Enrollment Packet\*\*\***