



Students' Last Name: \_\_\_\_\_

## Student Directory Information and Permission Form 2009-2010

Please complete this form for the student directory. This information will not be published in the directory without a signature. **Only one form per family please.**

Student's First Name \_\_\_\_\_ Grade \_\_\_\_\_

Student's First Name \_\_\_\_\_ Grade \_\_\_\_\_

Student's First Name \_\_\_\_\_ Grade \_\_\_\_\_

Student's First Name \_\_\_\_\_ Grade \_\_\_\_\_

Student's Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ E-mail \_\_\_\_\_

Father's Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address (if different) \_\_\_\_\_

(Please check one)

**YES**  **NO**

I give permission for my child to **watch videos** at Boulder Country Day School during inclement weather or special events. School director must approve all videotapes prior to viewing by the children

I give permission for my child to **attend field trips** as part of Boulder Country Day School's programs. You will also be given a separate permission form for each field trip.

I give permission for Boulder Country Day to apply Coppertone Water Babies **sun block** lotion, SPF 30, when necessary. *(Preschool only)*

We give permission and full consent to Boulder Country Day (BCD), its employees and representatives, to use all photographs, videotape and digital images of my/our child/children, which were taken while enrolled as a student in any and all programs associated with BCD. I/We understand these images may be used in printed or electronic format for the purposes of marketing and/or advertising through print ads, direct mail, brochures, website or other electronic communications. All negatives, positives, prints, digital reproductions and videotape shall be the property of BCD. Continued use of any photograph of my/our child/children does not constitute an agreement to continue our child/children's enrollment at BCD.

[SIGNATURES ON REVERSE SIDE – PLEASE BE SURE TO COMPLETE]

Signature:

\_\_\_\_\_  
Parent or Guardian Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Parent Name (Please print)

\_\_\_\_\_  
Phone Number

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