

# Mariah Art

PARENT HANDBOOK FORM 2009 – 2010

STUDENT NAME: \_\_\_\_\_ START DATE: \_\_\_\_\_

**\*\* Please return this form after you have read the parent handbook on –line\*\***

---Mariah Collaborative Arts Center has permission to take my child on walking field trips to the Woodruff Park, Garfield School playground, Garfield Watershed Trail, Seven Oaks Park and surrounding neighborhood.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

---Mariah Collaborative Arts Center has permission to use photographs or video tapes of your child for advertising purposes only. I understand that my child's name **will not** be published on the internet.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

---Mariah Collaborative Arts Center has my permission to use any photos/images of my child on the Mariah Art School Website ([www.mariahartschool.org](http://www.mariahartschool.org)). I understand that my child's name **will not** be published on the internet.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

---Mariah Collaborative Arts Center has my permission to use sunscreen on my child. YES, I will provide sunscreen for that purpose or pay to use the **BULK SUNSCREEN**.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

I acknowledge that I read and agree to abide by the information in this handbook and all question have been

#### ADDITIONAL EMERGENCY PICK UP PERSONS

- I give my permission for Mariah Art to release my child to the following people. Photo Identification will be required of this person at pick-up time

FILL OUT INFORMATION ENTIRELY PLEASE!

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

answered to my satisfaction. I have read the DISASTER PLAN, PESTICIDE PLAN AND PET POLICY. I will notify the Mariah Staff of any change in information listed, including updating immunizations, current work or home phone numbers and emergency pick-up persons.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_