

# CCPC AFTER SCHOOL PROGRAM PERMISSION AND ACKNOWLEDGMENT



## **TRANSPORTATION PERMISSION**

MY CHILD \_\_\_\_\_ HAS MY PERMISSION TO ACCOMPANY HIS/HER CLASSMATES ON FIELD TRIPS WITH THE CCPC AFTER SCHOOL PROGRAM AND TO BE TRANSPORTED BY CCPC STAFF MEMBERS FROM LAFAYETTE ELEMENTARY SCHOOL IN THE CASE OF EXTREME WEATHER AND/OR AFTER ENRICHMENT CLASSES. TRANSPORTATION FOR FIELD TRIPS WILL BE VIA CCPC VAN DRIVEN BY CCPC AFTER SCHOOL PROGRAM STAFF MEMBERS, BUS RENTED BY CCPC AFTER SCHOOL PROGRAM OR PUBLIC TRANSPORTATION ACCOMPANIED BY CCPC AFTER SCHOOL STAFF MEMBERS. SEAT BELTS WILL ALWAYS BE WORN BY ALL CHILDREN AND STAFF MEMBERS WHILE RIDING IN THE CCPC VAN. CHILDREN UNDER THE AGE OF 8 WILL RIDE IN CHILD SAFETY SEATS AND BUCKLED IN BY A CCPC STAFF MEMBER. ON OCCASION, WALKING FIELD TRIPS MAY BE TAKEN TO NEARBY LOCATIONS, SUCH AS THE LIBRARY, THE COMMUNITY CENTER OR AREA PARKS FOR OUTDOOR RECREATION. ALL SAFETY PRECAUTIONS WILL BE OBSERVED.

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## **IMAGE RELEASE**

AS PARENT OR GUARDIAN OF THIS CHILD, I HEREBY CONSENT TO THE USE OF PHOTOGRAPHS/VIDEOS TAKEN DURING THE COURSE OF THE SCHOOL YEAR FOR PUBLICITY, PROMOTIONAL PURPOSES OR EDUCATIONAL PURPOSES (INCLUDING PUBLICATIONS, PRESENTATIONS, INTERNET, OR OTHER MEDIA SOURCES.) I DO THIS WITH FULL KNOWLEDGE AND CONSENT, AND WAIVE ALL CLAIMS FOR COMPENSATION FOR USE, OR FOR DAMAGES.

\_\_\_\_\_ **NO**, I DO NOT GIVE CONSENT FOR THE USE OF MY CHILD'S IMAGE BY CCPC AFTER SCHOOL PROGRAM FOR ANY PURPOSE.

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## **NAIL POLISH & HAIR PRODUCTS**

AS PARENT OR GUARDIAN OF THIS CHILD, I HEREBY CONSENT TO THE USE OF NAIL POLISH FOR FUN, NAIL POLISH REMOVER AS NECESSARY, HAIR PRODUCTS AND HAIR STYLING TOOLS USED ON OCCASION BY THE STAFF AT CCPC FOR CHILDREN WHO WISH TO PARTICIPATE. I UNDERSTAND THAT ONLY STAFF WILL APPLY THESE PRODUCTS TO MY CHILD OR USE THE STYLING TOOLS ON MY CHILD.

\_\_\_\_\_ **NO**, I DO NOT GIVE CONSENT FOR THE USE OF NAIL POLISH OR NAIL POLISH REMOVER.

\_\_\_\_\_ **NO**, I DO NOT GIVE CONSENT FOR THE USE OF HAIR PRODUCTS OR STYLING TOOLS.

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## **PARENT HANDBOOK AGREEMENT**

AS PARENT OR GUARDIAN OF THIS CHILD, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE POLICIES AND PROCEDURES OF THE CHEVY CHASE PRESBYTERIAN CHURCH AFTER SCHOOL PROGRAM CONTAINED IN THE CCPC ASP HANDBOOK. found on our website [www.ccpcasp.com](http://www.ccpcasp.com)

PARENT/GUARDIAN PRINTED NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_