

**AKRON FIRST ACADEMY AND PRESCHOOL
PARENT ACKNOWLEDGEMENT/ AUTHORIZATION FORM**

Child's name _____

Photographs

1. I grant permission for my child to be photographed as he/she participates in the activities and programs of the school. Yes No
2. I grant permission for my child's photos to be used within the school. Yes No
3. I grant permission for my child's photos to be used by the local media (No names attached) Yes No
4. I grant permission for my child's photos to be used on the school's website. (No names attached.) Yes No
5. I grant permission for my child's photos to be used on the school's Facebook. (No names attached.) Yes No
6. I grant permission for any of our family member's photos to be used on the school's website, Facebook, local media or within the school (No names attached.) Yes No
7. I grant permission for photos to be used on Group Me or other group apps. (No names attached) Yes No

Parent signature _____ **Date** _____
(for review only) Initial _____ Date _____ Initial _____ Date _____ Initial _____ Date _____

School Communication:

Please indicate how the office can communicate with you during school hours (Email, work number, home number, cell phone): **Non emergencies** _____ **Emergencies** _____

Parent's/Guardian's Statement of Commitment

1. We pledge our fullest cooperation to keep doctrinal controversy and denominationalism out of the school at all times. (Romans 13:8-10, 1 Corinthians 12:12-14, Galatians 5:13-15)
2. We agree that, if we have complaints about the school we will, in love of Christ and with prayer, register only necessary complaints to the Director or Co. Director.
3. We agree to pay the tuition according to arrangements that shall be made and to conclude all required payments on or before the last day of school. We understand that overdue balances past 90 days will be sent to collection and the student will not be able to attend camp/school until the balance is paid in full.
4. We understand that assessments will be made to cover damage to school property (including breakage of windows, abuse of books, etc.

Father's Signature _____ Date _____
(for review only) Initial _____ Date _____ Initial _____ Date _____ Initial _____ Date _____

Mother's Signature _____ Date _____
(for review only) Initial _____ Date _____ Initial _____ Date _____ Initial _____ Date _____

Authorization of Pick Up

Please list people, other than parents, that are permitted to pick up your child from this school. Attach list of any additional names if necessary. Sign and date list.

1. Name _____ Relationship to child _____
Address _____
Home Phone _____ Cell Phone _____ Work # _____

2. Name _____ Relationship to child _____
Address _____
Home Phone _____ Cell Phone _____ Work # _____

3. Name _____ Relationship to child _____
Address _____
Home Phone _____ Cell Phone _____ Work # _____

4. Name _____ Relationship to child _____
Address _____
Home Phone _____ Cell Phone _____ Work # _____

Parent signature _____ **Date** _____
(for review only) Initial _____ Date _____ Initial _____ Date _____ Initial _____ Date _____

Non-Authorization Pick Up or Custody Days

Please check if this area is not needed

Initial and date if box is checked: Initial: _____ **Date:** _____
(for review only) Initial _____ Date _____ Initial _____ Date _____ Initial _____ Date _____

Please list names and reason for those not authorized to pick up or are only allowed to pick up on certain days due to custody. (Any court documents regarding this area must be on file.)

1. Name _____
Reason _____

Court document needed Yes No

2. Name _____
Reason _____

Court document needed Yes No

Parent signature is only needed if above not authorized is requested

Parent signature _____ **Date** _____
(for review only) Initial _____ Date _____ Initial _____ Date _____ Initial _____ Date _____