**The Children’s Center of Lake Forest**

**28457 N. Ballard Dr. Unit A2**

**Lake Forest IL 60045**

**Phone: 847-367-0099**

**Email:** [**DaycareLF@aol.com**](mailto:DaycareLF@aol.com)

**Parent/Guardian Consent Form**

We are sending you this parental consent form to request your permission for your child’s photo/image to be published on The Children’s Center of Lake Forest Internet site.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed, however, we do want to celebrate your child and his/her work. The law requires that we ask for your permission to use information about your child.

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes student names, photo or image, etc.

Please check one of the following choices:

\_\_\_ I/We GRANT permission for this **student’s photo/image** to be published on The Children’s Center of Lake Forest Internet site and Face Book Page.

\_\_\_ I/We GRANT permission for this **student’s photo/image and name** to be published on The Children’s Center of Lake Forest Internet site and Face Book Page.

\_\_\_\_\_I/We DO NOT GRANT permission for photos/images that includes this student to be published on The Children’s Center of Lake Forest Internet site and Face Book Page.

Student’s Name: (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_