



TEAMS Learning Center takes photos and videos of your child(ren) for your enjoyment, advertising and training purposes. This signed form gives us your permission to share those photos and videos. If you do not want your child's picture/video shared please let center staff know.

Child's Name

Parent/Guardian's Name

Parent/Guardian's Signature

Date



TEAMS SIGNATURE PAGE

Please sign this page and return it.

I hereby acknowledge that I have discussed, read and understand this learning center policy, and agree to follow these procedures. I have also reviewed the disaster plan. We have discussed the program philosophy and the needs of my child(ren) and I will continue to communicate with TEAMS as necessary. I accept these terms for my child and myself. I also understand that important messages will be relayed through e-mailed newsletters and that it is my responsibility to read those newsletters to know what changes may be occurring. If TEAMS alters or makes exceptions it does not void this contract or any part of this contract.

When I sign my child in at the start of the session, I am reaffirming that I agree to the policies and procedures presented here.

Child's Name

Parent/Guardian's Name

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