



Parental Consent Form

The I.M.P.R.O.V.E. Children Program has my consent to the following:

Photograph and/or record my child/children for, but not limited to, resources such as computers, books, pamphlets, websites, newsletters, grants, thank you letters, etc..

Yes No

Face paint my child/children.

Yes No

I will come in everyday to check my child's mailbox and that I am responsible for any documents placed in them that may contain important information pertaining to the program.

Yes No

*I will notify the staff of the I.M.P.R.O.V.E. Children Program **immediately** of any changes to any and all documents e.g., new contact information, medical conditions, special needs, etc...*

Yes No

Allow my child/children, if they are 11 years of age or older, to watch PG-13 rated movies at the I.M.P.R.O.V.E. Children Program.

Yes No