

FADS – Photo Permission

I, _____, give permission for my child, _____, name and image to be taken during any of the FADS classes and used on the FADS website, or any promotional FADS materials such as brochures, posters, media releases.

Date: _____

Parent Name: _____ (Signature)

Parent Signature: _____ (Printed)

FADS – Behaviour Contract

I, _____, as a student and representative of the FADS program, agree to adhere to all PCSS school rules during class times and during any special FADS programming times, including field trips or after school events.

Date: _____

Students Name: _____ (Signature)

FADS – Contact Information

Parent/Guardian Names: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Best way to Contact you: _____

Any special health concerns: _____