

MOSHOLU MONTEFIORE COMMUNITY CENTER

Date: _____

I give permission for my child to go on outings and trips with his/her class.

Child's Name: _____

Parent's Signature & Date: _____

I also give my permission for my child to be photographed, filmed or video taped for training films, publicity purposes or birthday parties.

Child's Name: _____

Parent's Signature & Date: _____
