

## 100 Maple Street, Glens Falls, NY 12801 (518) 409-8124 <a href="info.tinyhandsacademy@gmail.com">info.tinyhandsacademy@gmail.com</a>

## **Other Parent Consent Items**

## **Walking Trips:**

Tiny Hands Academy is centrally located in downtown Glens Falls providing a wonderful opportunity to explore the city through walks and walking field trips. By signing below, you give Tiny Hands Academy permission to take your child on well supervised walks around Glens Falls. Teachers will always evaluate the abilities of the children in the group to determine if walks are appropriate for a particular group at a particular time. Some days, walks may be more appropriate than others. We understand the importance of remaining flexible and bending with the needs of the children each day. If a field trip which requires transportation is planned, you will be given a separate permission slip to sign.

| I give permission for my child(ren) |  | to participate in Tiny Hands Academy  |  |
|-------------------------------------|--|---|--|
| walking trip                        | ps in the downtown area of Glens Falls.  |   |  |
| Parent Signature:                   |  | Date:   |  |
| Photo/Ir                            | nternet Release Form:  |   |  |
| through pho<br>have as well         | otos and videos and to offer some of them o  | demy. We would like to be able to share them with you on our Facebook page so others can see what great fun we y Hands Academy to take and post photos and/or videos on |  |
|                                     | I give Tiny Hands Academy permission to take and post photos/videos of my children while enrolled. |   |  |
|                                     | I <b>DO NOT</b> give Tiny Hands Academy pechildren   | ermission to take and post photos/ videos of mywhile enrolled.  |  |
|                                     |  | emy to take photos of my children <b>ONLY FOR USE IN</b>  |  |
| Parent Signature:                   |  | Date:   |  |
| -                                   | ext Release:   |   |  |
| -                                   | lands Academy consent to send email and to<br>bers I have listed on Enrollment Information         | ext messages about my child to me at the email and cell Form.   |  |
| Parent Signature:                   |  | Date:   |  |