Play & Discover Early Learning Centre

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| P.O. Box 556, 4500 Wascana ParkwayRegina, SK S4P 3A3306-775-7916melanie.bacon@saskpolytech.ca |  |

**Participation Agreement**

To Parent/Legal Guardian,

Please read this page carefully as it includes information about safety and security issues associated with privacy and behaviour.

In the interest of safety and security we require parent/guardian permission for the publishing of children’s work, photos, or videos through Storypark. By signing this form, you grant permission for us to photograph or video your child for the purposes of sharing this information with you through the program. You will also receive updates and information about your child through the program to the email you provide.

Note that sometimes other children in the centre may feature in the photos, videos, or stories of your child. By giving permission you agree not to share photos or videos of any child, other than your own, outside of the program without permission.

I hereby acknowledge that I wish to voluntarily participate in Storypark:

My child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_