**Photo Release**

I hereby certify that I am the Parent/Guardian of (child’s name) and I give my permission for my child’s photograph or video image to be taken while he/she is in the care of childcare personnel. Such images may be posted in classrooms or other appropriate places within the center, used in center presentation or promotional materials, including Facebook, which may be distributed to the staff or clients. I understand that I may terminate this permission at any time.

I, (your name) agree to allow my child to be photographed or videotaped for the school.

Parent/Guardian Signature

Date

**Biting Policy**

I have read and understood the Biting Policy in the Parent Handbook.

The Policy for habitual biting is as follows:

* The first time a child bites another child, a parent/guardian will be called by the teacher
* The second time a child bites another child, the parent/guardian will be called immediately and the child must be picked up immediately. Furthermore, a conference with the director, teacher, and a parent/guardian will be required.
* If a child bites for the third time, he/she will be suspended for 2 days and a conference to discuss continued placement in our program.

Child’s Name

Parent/Guardian Signature

Date