

_____ Date

_____ Parent's signature

I, _____ give permission for photographs of my
Child, _____ to appear on the Covenant UM
Preschool website. I understand that no names will appear with any photographs.

Covenant UM Preschool and Parent's Day Out
10001 Coldwater Road Fort Wayne, IN 46825
(260) 489-1888
www.covenantumcpreschool.net



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