

Los Rios Community College District

American River College • Cosumnes River College • Sacramento City College

CHILD DEVELOPMENT CENTER PROGRAM CONSENT FORM

Child's Name _____

Parent/Guardian's Name _____

- I give permission for my child to take adult-supervised walks on the college campus.
- I have no objection to my child being included in photographs, audio and/or video recordings taken at the center which may be used for educational purposes in the Early Childhood Education program. Such media may be used in classes throughout the Los Rios Community College District.
- I understand that photos and videos will be taken of my child for the purpose of assessing their growth and development.
- I give permission for photos that may include my child to be shared with other parents and/or posted in the center.
- I understand that college students will be making observations at the center as part of their class assignments with respect to confidentiality.
- I understand that college students will be working in the classrooms with the children under the direct supervision of Child Development Center staff.

Parent/Guardian Signature _____ Date _____