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Child's Name _____

Parent/Guardian's Name _____

Address _____

City _____

Telephone _____

Email _____

- I acknowledge and agree to the terms and conditions stated above.
- I acknowledge the terms and conditions stated above and I do not want my child to be photographed.

Legal Signature _____

Parent(s)/Guardian(s) Initials & Date _____

Please return this form to Mrs. Bell at CSDHS (can give to front office).

