

**PERMISSION FOR ONLINE LEARNING AND ELECTRONIC COMMUNICATION
(for fully online programs only)**

During the current public health emergency, _____
is offering your child the opportunity to participate in:

If you would like your child to participate in this program, please complete this form.

Program staff will copy you on email or text communications with your child, and your child will not be allowed to participate in the program if you do not provide your email address and cellphone number below.

I request that my child be allowed to participate in the program described above. I give permission for program staff to communicate with my child by video link, email, or text messaging.

Printed Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____

Email Address of Parent/Legal Guardian: _____

Cell Phone Number of Parent/Legal Guardian: _____

Date: _____

Child's Name (printed): _____ Child's Birthdate: ____/____/____