

CONSENT FOR USE OF PHOTOGRAPHS

I hereby authorize and give full consent to London Bridge Baptist Preschool and Kindergarten to publish and copyright all photographs in which my child appears while enrolled as a student in any and all programs of London Bridge Baptist Preschool and Kindergarten. I further agree that LBBP may transfer or use these photographs in preschool publications and advertising excluding social media websites and applications. Additionally, I agree that use of a photograph or photographs does not constitute in any manner a waiver of LBBP's policies, program, or rules, nor does continued use constitute an agreement to continue the child's enrollment.

I am the parent and/or guardian of _____. I hereby approve the foregoing and consent to the use of photographs subject to the terms mentioned above. I affirm that I have the legal right to issue such consent.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

***** **OFFICE USE ONLY** *****

IDENTITY VERIFICATION

(To be filled out by school administration)

The 1998 General Assembly passed legislation which affects child day centers sponsored by religious institutions. This law is intended to help identify missing children and requires the following:

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth certificate, notification of birth (*hospital, physician or midwife record*), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency, record from a public school in Virginia, or certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented. While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child. If the requested information is not received within seven business days of your child's first day of school, we are bound by law to notify the local law enforcement agency.

Birth Certificate Information For: _____

| | | | |
|----------------|------------|--------------------------|-------------|
| Place of Birth | Birth Date | Birth Certificate Number | Date Issued |
|----------------|------------|--------------------------|-------------|

- | | | |
|--|---|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Notification of Birth (<i>Hospital, physician, or midwife record</i>) | <input type="checkbox"/> VA. Public School (<i>Record</i>) |
| <input type="checkbox"/> Public School in U.S. (<i>letter from Principal</i>) | <input type="checkbox"/> Placement agreement or proof of child's identity from a child placing agency. | <input type="checkbox"/> Passport |

_____ has viewed the required information.

(*Staff Member Signature*)