



Permission to Release Information

I understand that the time my child, _____ is in the facility that the director may be asked for information regarding my child.

_____ I HEREBY GIVE PERMISSION to release information to official persons only, who identify themselves, such as schools, health care personnel, welfare or other government officials.

_____ I DO NOT GIVE PERMISSION to release information about my child as set forth in the aforementioned statement. I understand that the Bureau of Service for Child Care (BSCC) has access to my child's record as the licensing agent and may view the record upon BSCC facility inspection.

Parent/guardian Signature: _____ Date _____

Photo Release

I understand that there may be occasions while attending Beautiful Savior Lutheran School or while attending field trips that pictures or videos may be taken by staff members of other parents. These pictures are for personal viewing. I also understand that there may be occasions when pictures or video are taken for newsletters, flyers, newspapers, internet, or television. These pictures and video clips are for public viewing. In order to use these pictures or videos we must have your written permission. Please indicate your preference below.

_____ I HEREBY GIVE PERMISSION for my child's picture or a video which includes him/her to be used for public viewing.

_____ I DO NOT GIVE PERMISSION for my child's picture or a video which includes him/her to be used for public viewing.

Parent/guardian Signature: _____ Date _____

Air Freshener/Pesticide and Herbicide Application Notification

Beautiful Savior Lutheran School utilizes a Pest Management process to identify and eliminate conditions in the





school that may cause pests to be a problem. Applications of pest control materials are made on an as needed basis, and the school has a company who provides these services. Only approved pest control methods are used. Every effort is made to make such applications when school is not in session. Occasionally, air fresheners (liquid and solid) may be used at this facility.

Parent/guardian Signature: _____ Date _____

Notification of NRS 178

I, _____ (Parent/Guardian), am aware that I have the right to request and review any complaints BSLs has received within the last twelve (12) months of my child(ren)'s enrollment.

Parent/guardian Signature: _____ Date _____