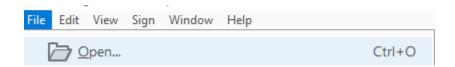
# Before and After School Child Care Application Instructions

Please follow the steps below to complete your application. If you have Adobe Reader, begin at step 2.

1. Download and install Adobe Reader to your computer.

Adobe Acrobat Reader DC Download | Free PDF viewer for Windows, Mac OS, Android

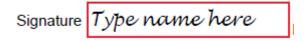
- 2. Download the registration form that was emailed to you from the childcare supervisor.
- 3. Open the registration in Adobe Reader.
  - Select "File"
  - Select "Open"
  - Locate where you downloaded the file



4. The required fields are highlighted in red.



5. Type your full name in the signature field. This will serve as your electronic signature and will certify that the information you provided is true and correct.



6. Once the registration form is complete, save it to your computer and email it back to your childcare supervisor at the school.

If you have any issues, reach out to the Before and After School Child Care tech team at (754)321-3314.

	lease IIII ooi ali iile requilea ii	leias ( <mark>rea</mark> nigniigntea boxes) P	arent/Guardian 1 Passwo	ord:	
	Grade: Application	Pa	arent/Guardian 2 Passwo	ord:	
		hool Child Care Program	Before Care		
			After Care	Non-School Days	
	Application #:				
			Full Day	1 hr. Staff (School Staff)	
(	Student #		School:		
	Child's Name: Last	First	Star	ting Date:	
<b> </b>	Teacher's Name:			lair Color:	
Student		D/O/B: L Height: Weight:		nnicity:	
힏	Age: Gender: G			Non-Hispanic or Non-Latino	
ر <u>بر</u>	Tude O Printe O Prider	Native American O Multiracial	<u> </u>	Hispanic or Latino	
တ	Child Lives with: O Both P		Guardian O Shared Cu	stody Other	
	LIST ALL SIBLINGS ATTEN	IDING PROGRAM AT THIS TIN	<u>/IE:</u>		
(	_L				
(	Are you a Broward County Scl	hool Employee? OYes ON	lo Personnel #	t: [	
		1 7 2 10	T GIGGINIGI II		
(				)	
~ [	Name (First)	//4)	HomePhor		
int   ar	Name (First)	(Last)	HomePhor Cell Phor		
Parent / Guardian	Primary Address		Cell Phone Provide		
Gue	City	State Zip	Wo		
N /					
an '	Name (First)	(Last)	HomePhon		
Parent / uardian	Second Address		Cell Phor	1	
Parent / Guardian	City	State Zip	Cell Phone Provide		
<b>o</b> (			Wor	·k	
	List Email Addresses:				
	Can your shild be photograp	hed? Over ONo	1		
	Can your child be photographed? O Yes O No				
<del>a</del>	Family Doctor:		Doctor Pho		
scial	Important medical concern	ns we should be aware of (cond	lition <u>s, medications, heal</u> t		
special rns	Important medical concert  Does your child have any medic	al concerns? O Yes O No If Y	litions, medications, heal Yes.	th history, etc.):	
/ Special cerns	Important medical concert  Does your child have any medic  Does your child ha	al concerns? O Yes O No If \vec{No} Ves O No If \vec{No} Ves	res, Medications, healt	th history, etc.):	
cal / Special oncerns	Important medical concert  Does your child have any medic  Does your child ha  Does your child take any r	al concerns? O Yes O No If You we allergies? O Yes O No If You had been seen as a seen of Yes O No If You had been seen on the Yes O No If Yes	itions, medications, healing Yes, Yes, es, What?	th history, etc.):  Where?	
dical / Special Concerns	Important medical concert Does your child have any medic Does your child ha Does your child take any r Does your child have any sp	al concerns? O Yes O No If \ ve allergies? O Yes O No If \ medications? O Yes O No If Ye pecial concerns we need to be aware o	titions, medications, health Yes, Yes, what? Not? O Yes O No If Y	Where?	
Medical / Special Concerns	Important medical concert Does your child have any medic Does your child ha Does your child take any r Does your child have any sp	al concerns? O Yes O No If Yove allergies? O Yes O No If Young the Market of Yes O No If Young the Secial concerns we need to be aware only special needs we should be aware of Yes O No If Young the Secial Report of Yes O No If Yes O N	itions, medications, health Yes, Yes, es, What? of? O Yes O No If York? O Yes O No If Y	Where?	
Medical / Special Concerns	Important medical concert Does your child have any medic Does your child ha Does your child take any r Does your child have any sp	al concerns? O Yes O No If \ ve allergies? O Yes O No If \ medications? O Yes O No If Ye pecial concerns we need to be aware o	itions, medications, health Yes, Yes, es, What? of? O Yes O No If York? O Yes O No If Y	Where?	
Medical / Special Concerns	Important medical concert Does your child have any medic Does your child ha Does your child take any r Does your child have any sp Does your child have an Does your child receive any	al concerns? O Yes O No If Yes allergies? O Yes O No If Yes O No I	itions, medications, health Yes, Yes, Les, What? Of? O Yes O No If Yor? O Yes O No If Yor?  y? O Yes O No If Y	Where?  (es, (es,	
	Important medical concert Does your child have any medic Does your child ha Does your child take any r Does your child have any sp	al concerns? O Yes O No If Yes allergies? O Yes O No If Yes O No I	itions, medications, health Yes, Yes, Les, What? Of? O Yes O No If Yor? O Yes O No If Yor?  y? O Yes O No If Y	Where?	
ct	Important medical concert Does your child have any medic Does your child ha Does your child take any r Does your child have any sp Does your child have an Does your child receive any	al concerns? O Yes O No If Yes allergies? O Yes O No If Yes O No I	itions, medications, health Yes, Yes, Les, What? Of? O Yes O No If Yor? O Yes O No If Yor?  y? O Yes O No If Y	Where?  (es, (es,	
ct	Important medical concert Does your child have any medic Does your child ha Does your child take any r Does your child have any sp Does your child have an Does your child receive any  Name	al concerns? O Yes O No If Yes allergies? O Yes O No If Yes O No I	itions, medications, health Yes, Yes, What? Of? O Yes O No If Yor? O Yes O No If Yes  y? O Yes O No If Yes	Where?  (es, (es,	
ct	Important medical concert Does your child have any medic Does your child ha Does your child take any r Does your child have any sp Does your child have an Does your child receive any  Name	al concerns? O Yes O No If Yes allergies? O Yes O No If Yes O No I	itions, medications, health Yes, Yes, What? Of? O Yes O No If Yor? O Yes O No If Yes  y? O Yes O No If Yes	Where?  (es, (es,	
ct	Important medical concert Does your child have any medic Does your child ha Does your child take any r Does your child have any sp Does your child have an Does your child receive any  Name	al concerns? O Yes O No If Yes allergies? O Yes O No If Yes O No I	itions, medications, health Yes, Yes, What? Of? O Yes O No If Yor? O Yes O No If Yes  y? O Yes O No If Yes	Where?  (es, (es,	
ct	Important medical concert Does your child have any medic Does your child ha Does your child take any r Does your child have any sp Does your child have an Does your child receive any  Name	al concerns? O Yes O No If Yes allergies? O Yes O No If Yes O No I	itions, medications, health Yes, Yes, What? Of? O Yes O No If Yor? O Yes O No If Yes  y? O Yes O No If Yes	Where?  (es, (es,	
ct	Important medical concert Does your child have any medic Does your child ha Does your child take any r Does your child have any sp Does your child have an Does your child receive any  Name	al concerns? O Yes O No If Nove allergies? O Yes O No If Nove allergies? O Yes O No If Nove allergies? O Yes O No If Yes O No	itions, medications, health Yes, Yes, What? Of? O Yes O No If Y Of? O Yes O No If Y Y Y Home Phone	Where?  (es, (es,	
horized se/Contact Parent / ardian 1	Important medical concert Does your child have any medic Does your child ha Does your child take any r Does your child have any sp Does your child have an Does your child receive any  Name	al concerns? O Yes O No If Nove allergies? O Yes O No If Nove allergies? O Yes O No If Nove allergies? O Yes O No If Yes o Pecial concerns we need to be aware of yespecial needs we should be aware of special services during the school date.  Relationship	itions, medications, health Yes, Yes, es, What? of? O Yes O No If Y of? O Yes O No If Y y? O Yes O No If Y Home Phone	Where?  Yes,  Yes,  York or Cell Phone	
ct	Important medical concert Does your child have any medic Does your child ha Does your child take any r Does your child have any sp Does your child have an Does your child receive any  Name	al concerns? O Yes O No If Yes allergies? O Yes O No If Yes D No I	itions, medications, health Yes, Yes, What? Of? O Yes O No If Y Of? O Yes O No If Y Y Y Home Phone	Where?  Wes,  Ses,  Work or Cell Phone	
ct	Important medical concert Does your child have any medic Does your child ha Does your child take any r Does your child have any sp Does your child have an Does your child receive any  Name  I declare this information to be true a	al concerns? O Yes O No If Nove allergies? O Yes O No If Nove allergies? O Yes O No If Nove allergies? O Yes O No If Yes o Pecial concerns we need to be aware of yespecial needs we should be aware of special services during the school date.  Relationship	itions, medications, health Yes, Yes, What? Of? O Yes O No If Your O Yes O No If Your O Yes O No If Yes Home Phone  The phone O Yes O No If Yes O No If Yes O Yes O No If Yes	Where?  Wes,  Ses,  Work or Cell Phone	
Authorized Release/Contact for Parent / Guardian 1	Important medical concert Does your child have any medic Does your child have any r Does your child take any r Does your child have any sp Does your child have an Does your child receive any  Name  I declare this information to be true a Signature	al concerns? O Yes O No If Nove allergies? O Yes O No If Nove allergies? O Yes O No If Nove allergies? O Yes O No If Yes O No	itions, medications, health yes, yes, les, What? of? O Yes O No If Y of? O Yes O No If Y y? O Yes O No If Y Home Phone  where the property of any changes. Relationship to child	Where?  Wes,  Ses,  Ses,  Work or Cell Phone  Date	
Authorized ct Release/Contact for Parent / Guardian 1	Important medical concert Does your child have any medic Does your child ha Does your child take any r Does your child have any sp Does your child have an Does your child receive any  Name  I declare this information to be true a	al concerns? O Yes O No If Yes allergies? O Yes O No If Yes D No I	itions, medications, health yes, yes, les, What? of? O Yes O No If Y of? O Yes O No If Y y? O Yes O No If Y Home Phone  where the property of any changes. Relationship to child	Where?  Wes,  Ses,  Work or Cell Phone	
Authorized ct Release/Contact for Parent / Guardian 1	Important medical concert Does your child have any medic Does your child have any r Does your child have any sp Does your child have any Does your child have any Name  I declare this information to be true a Signature  Name	al concerns? O Yes O No If Nove allergies? O Yes O No If Nove allergies? O Yes O No If Nove allergies? O Yes O No If Yes O No	itions, medications, health yes, yes, les, What? of? O Yes O No If Y of? O Yes O No If Y y? O Yes O No If Y Home Phone  where the property of any changes. Relationship to child	Where?  Wes,  Ses,  Ses,  Work or Cell Phone  Date	
Authorized ct Release/Contact for Parent / Guardian 1	Important medical concert Does your child have any medic Does your child have any r Does your child have any sp Does your child have any Does your child have any Name  I declare this information to be true a Signature  Name	al concerns? O Yes O No If Nove allergies? O Yes O No If Nove allergies? O Yes O No If Nove allergies? O Yes O No If Yes O No	itions, medications, health yes, yes, les, What? of? O Yes O No If Y of? O Yes O No If Y y? O Yes O No If Y Home Phone  where the property of any changes. Relationship to child	Where?  Wes,  Ses,  Ses,  Work or Cell Phone  Date	
Authorized ct Release/Contact for Parent / Guardian 1	Important medical concert Does your child have any medic Does your child have any r Does your child have any sp Does your child have any Does your child have any Name  I declare this information to be true a Signature  Name	al concerns? O Yes O No If Nove allergies? O Yes O No If Nove allergies? O Yes O No If Nove allergies? O Yes O No If Yes O No	itions, medications, health yes, yes, les, What? of? O Yes O No If Y of? O Yes O No If Y y? O Yes O No If Y Home Phone  where the property of any changes. Relationship to child	Where?  Wes,  Ses,  Ses,  Work or Cell Phone  Date	
Authorized ct Release/Contact for Parent / Guardian 1	Important medical concert Does your child have any medic Does your child have any r Does your child have any sp Does your child have an Does your child have any Name  I declare this information to be true a Signature  Name	al concerns? O Yes O No If Yes allergies? O Yes O No If Yes D No I	itions, medications, health yes, yes, les, What? of? O Yes O No If Y of? O Yes O No If Y y? O Yes O No If Y Home Phone  where the property of any changes. Relationship to child	Where?  Wes,  Ses,  Ses,  Work or Cell Phone  Date	
Authorized ct Release/Contact for Parent / Guardian 1	Important medical concert Does your child have any medic Does your child have any r Does your child have any sp Does your child have an Does your child have any Name  I declare this information to be true a Signature  Name	al concerns? O Yes O No If Yes allergies? O Yes O No If Yes D No I	itions, medications, health yes, yes, les, What? of? O Yes O No If Y of? O Yes O No If Y y? O Yes O No If Y Home Phone  where the property of any changes. Relationship to child	Where?  Wes,  Ses,  Ses,  Work or Cell Phone  Date	
d Authorized tact Release/Contact / for Parent / Guardian 1	Important medical concern  Does your child have any medic Does your child take any r Does your child have any sp Does your child have any Does your child receive any  Name  I declare this information to be true a  Signature  Name	al concerns? O Yes O No If Yes allergies? O Yes O No If Yes D No I	itions, medications, health yes, yes, les, What? of? O Yes O No If Yes of? O Yes O No If Yes y? O Yes O No If Yes Home Phone  Immediately of any changes. Relationship to child  Home Phone	Where?  Wes,  Ses,  Ses,  Work or Cell Phone  Date	
Authorized ct Release/Contact for Parent / Guardian 1	Important medical concert  Does your child have any medic Does your child take any r Does your child have any sp Does your child have any Does your child receive any  Name  I declare this information to be true a  Signature  Name	al concerns? O Yes O No If You allergies? O Yes O No If You allergies? O Yes O No If You medications? O Yes O No If You pecial concerns we need to be aware of y special needs we should be aware of yespecial services during the school date.  Relationship  And correct. I will notify the Supervisor important Name  Relationship  Relationship  And correct. I will notify the Supervisor important Name  Relationship	itions, medications, health yes, yes, es, What? of? O Yes O No If Y y? O Yes O No If Y Home Phone  mediately of any changes. Relationship to child  Home Phone	Where?  Yes,  Yes,  Date  Work or Cell Phone  Work or Cell Phone	
Authorized ct Release/Contact for Parent / Guardian 1	Important medical concern  Does your child have any medic Does your child take any r Does your child have any sp Does your child have any Does your child receive any  Name  I declare this information to be true a  Signature  Name	al concerns? O Yes O No If Yes allergies? O Yes O No If Yes D No I	itions, medications, health yes, yes, les, What? of? O Yes O No If Yes of? O Yes O No If Yes y? O Yes O No If Yes Home Phone  Immediately of any changes. Relationship to child  Home Phone	Where?  Wes,  Ses,  Ses,  Work or Cell Phone  Date	

initialing and signing this form, I acknowledge that I have read and understand the following and signing this form, I acknowledge that I have read and understand the following and procedures that have been outlined in the Parent Handbook are in place to ensure the safety and well-being of my child while attending the program. have read them and agree to follow them. I have also discussed the rules of the program with my child.  In addition, I understand some of my responsibilities include, but are not limited to:  I must present my photo identification for pick-up verification.  I must notify the supervisor, directly, if my child will not be attending the program.  My child will be expected to behave in accordance with the Broward County Public Schincode Book for Student Conduct.  All payments for Before and After School Child Care Programs must be made prior to receiving services.  Failure to pay in advance will result in dismissal from the program. Payment due dates given to parent/guardians upon registration. Fees must be paid on or before the schedur "Last Day to Pay".  I must pick up my child(ren) on time. Failure to do so may result in dismissal from the program A late pick-up fee of \$15.00, per 15-minute increments, per family, will be charged. To fees must be paid prior to the next period payment.  It is my responsibility to request scholarship information and provide necessary document the application.  It is my responsibility to keep my own records and receipts for income tax purposes.	Student #	Child's Name:		
place to ensure the safety and well-being of my child while attending the program. have read them and agree to follow them. I have also discussed the rules of the program with my child.  In addition, I understand some of my responsibilities include, but are not limited to:  I must present my photo identification for pick-up verification.  I must notify the supervisor, directly, if my child will not be attending the program.  My child will be expected to behave in accordance with the Broward County Public Sch "Code Book for Student Conduct".  All payments for Before and After School Child Care Programs must be made prior to receiving services.  Failure to pay in advance will result in dismissal from the program. Payment due dates given to parent/guardians upon registration. Fees must be paid on or before the schedu "Last Day to Pay".  I must pick up my child(ren) on time. Failure to do so may result in dismissal from the program A late pick-up fee of \$15.00, per 15-minute increments, per family, will be charged. To fees must be paid prior to the next period payment.  It is my responsibility to request scholarship information and provide necessary document the application.  It is my responsibility to keep my own records and receipts for income tax purposes.  It is my responsibility to follow SBBC COVID-19 guidelines.				
place to ensure the safety and well-being of my child while attending the program. have read them and agree to follow them. I have also discussed the rules of the program with my child.  In addition, I understand some of my responsibilities include, but are not limited to:  I must present my photo identification for pick-up verification.  I must notify the supervisor, directly, if my child will not be attending the program.  My child will be expected to behave in accordance with the Broward County Public Sch "Code Book for Student Conduct".  All payments for Before and After School Child Care Programs must be made prior to receiving services.  Failure to pay in advance will result in dismissal from the program. Payment due dates given to parent/guardians upon registration. Fees must be paid on or before the schedu "Last Day to Pay".  I must pick up my child(ren) on time. Failure to do so may result in dismissal from the program. A late pick-up fee of \$15.00, per 15-minute increments, per family, will be charged. To fees must be paid prior to the next period payment.  It is my responsibility to request scholarship information and provide necessary document the application.  It is my responsibility to keep my own records and receipts for income tax purposes.  It is my responsibility to follow SBBC COVID-19 guidelines.	y initialing and signing this	form, I acknowledge the	at I have read and und	erstand the following
I must present my photo identification for pick-up verification.  I must notify the supervisor, directly, if my child will not be attending the program.  My child will be expected to behave in accordance with the Broward County Public Sch "Code Book for Student Conduct".  All payments for Before and After School Child Care Programs must be made prior to receiving services.  Failure to pay in advance will result in dismissal from the program. Payment due dates given to parent/guardians upon registration. Fees must be paid on or before the schedu "Last Day to Pay".  I must pick up my child(ren) on time. Failure to do so may result in dismissal from the program A late pick-up fee of \$15.00, per 15-minute increments, per family, will be charged. The fees must be paid prior to the next period payment.  It is my responsibility to request scholarship information and provide necessary document the application.  It is my responsibility to keep my own records and receipts for income tax purposes.  It is my responsibility to follow SBBC COVID-19 guidelines.	place to ensure the se have read them and	afety and well-being of I agree to follow them	my child while attend	ling the program. I
I must notify the supervisor, directly, if my child will not be attending the program.  My child will be expected to behave in accordance with the Broward County Public Sch "Code Book for Student Conduct".  All payments for Before and After School Child Care Programs must be made prior to receiving services.  Failure to pay in advance will result in dismissal from the program. Payment due dates given to parent/guardians upon registration. Fees must be paid on or before the schedu "Last Day to Pay".  I must pick up my child(ren) on time. Failure to do so may result in dismissal from the prog A late pick-up fee of \$15.00, per 15-minute increments, per family, will be charged. The fees must be paid prior to the next period payment.  It is my responsibility to request scholarship information and provide necessary documenthe application.  It is my responsibility to keep my own records and receipts for income tax purposes.	In addition, I understand	some of my responsibilit	es include, but are not	limited to:
<ul> <li>My child will be expected to behave in accordance with the Broward County Public Sch "Code Book for Student Conduct".</li> <li>All payments for Before and After School Child Care Programs must be made prior to receiving services.</li> <li>Failure to pay in advance will result in dismissal from the program. Payment due dates given to parent/guardians upon registration. Fees must be paid on or before the schedu "Last Day to Pay".</li> <li>I must pick up my child(ren) on time. Failure to do so may result in dismissal from the program A late pick-up fee of \$15.00, per 15-minute increments, per family, will be charged. To fees must be paid prior to the next period payment.</li> <li>It is my responsibility to request scholarship information and provide necessary document the application.</li> <li>It is my responsibility to keep my own records and receipts for income tax purposes.</li> <li>It is my responsibility to follow SBBC COVID-19 guidelines.</li> </ul>	I must present my phot	o identification for pick-u	up verification.	
"Code Book for Student Conduct".  All payments for Before and After School Child Care Programs must be made prior to receiving services.  Failure to pay in advance will result in dismissal from the program. Payment due dates given to parent/guardians upon registration. Fees must be paid on or before the schedu "Last Day to Pay".  I must pick up my child(ren) on time. Failure to do so may result in dismissal from the prog A late pick-up fee of \$15.00, per 15-minute increments, per family, will be charged. To fees must be paid prior to the next period payment.  It is my responsibility to request scholarship information and provide necessary document the application.  It is my responsibility to keep my own records and receipts for income tax purposes.  It is my responsibility to follow SBBC COVID-19 guidelines.	I must notify the superv	risor, directly, if my child v	vill not be attending the	e program.
receiving services.  Failure to pay in advance will result in dismissal from the program. Payment due dates given to parent/guardians upon registration. Fees must be paid on or before the schedu "Last Day to Pay".  I must pick up my child(ren) on time. Failure to do so may result in dismissal from the program A late pick-up fee of \$15.00, per 15-minute increments, per family, will be charged. The fees must be paid prior to the next period payment.  It is my responsibility to request scholarship information and provide necessary document the application.  It is my responsibility to keep my own records and receipts for income tax purposes.  It is my responsibility to follow SBBC COVID-19 guidelines.	·		ance with the Broward	County Public School
given to parent/guardians upon registration. Fees must be paid on or before the schedu "Last Day to Pay".  I must pick up my child(ren) on time. Failure to do so may result in dismissal from the prog A late pick-up fee of \$15.00, per 15-minute increments, per family, will be charged. The fees must be paid prior to the next period payment.  It is my responsibility to request scholarship information and provide necessary document the application.  It is my responsibility to keep my own records and receipts for income tax purposes.  It is my responsibility to follow SBBC COVID-19 guidelines.		e and After School Child	Care Programs must be	made prior to
A late pick-up fee of \$15.00, per 15-minute increments, per family, will be charged. The fees must be paid prior to the next period payment.  It is my responsibility to request scholarship information and provide necessary document the application.  It is my responsibility to keep my own records and receipts for income tax purposes.  It is my responsibility to follow SBBC COVID-19 guidelines.	given to parent/guard			•
It is my responsibility to keep my own records and receipts for income tax purposes.  It is my responsibility to follow SBBC COVID-19 guidelines.	A late pick-up fee of	\$15.00, per 15-minute in	crements, per family,	
It is my responsibility to follow SBBC COVID-19 guidelines.		request scholarship infor	mation and provide ne	cessary documents
	It is my responsibility to	keep my own records ar	nd receipts for income	tax purposes.
— ee that my electronic signature is legal and binding. It is equivalent of my handwritten signatu	It is my responsibility to	follow SBBC COVID-19 g	uidelines.	
	_ ee that my electronic signa	ature is legal and binding	. It is equivalent of my l	nandwritten signature

## Application #:

Thank you for submitting an application to enroll your child in a BASCC program. Your application has been submitted. This does not guarantee enrollment in the program. Your application will now enter the review process. Please check your email for further information and confirmations.

We recommend saving a screenshot of this page, and reviewing the important information below:

- Save your application number for reference.
- A confirmation email will be sent after application has been received.
- A second confirmation email will be sent if/when the application has been accepted.
- Please allow five business days for processing.

Please verify your email address below:				
Email:				
Email Verification:				
Upon entering the program, all students begin a two-week trial period. If the program cannot meet the student's needs, the student may be withdrawn.				
I declare this information to be true and correct. I agree that my electronic signature is legal and binding. It is equivalent to my handwritten signature:				
Signature (Print Name):				

## Before & After School Child Care (BASCC) Media Release Form 2022-2023

As a Parent/Guardian of a student enrolled in a BASCC program, I understand that my child may be photographed, videotaped or interviewed by the news media or by the School District for informational and/or promotional purposes. I understand that pictures and interviews may be used on the District's website, in School District publications, external publications and electronic/social media as indicated below.

You Must Mark a Choice in Both Section A and Section B

(If no choice is marked in both sections, then the choice will default to Choice #1)

### Section A - External Outlets/Media

#### Please Check Choice #1 or Choice #2

- 1. I WILL permit my student to be photographed, videotaped, and/or interviewed by the news media when the news media has secured proper authorization from Broward County Public Schools
- 2. I WILL NOT permit my student to be photographed, videotaped, and/or interviewed by the news media.

#### Section B - BASCC Programs - Broward County Public School

#### Please Check Choice #1 or Choice #2

1. I WILL permit my student to be photographed, videotaped, and/or interviewed for school publications, such as newsletters, school, program and/or District websites, social media/BECON TV, or for other communication tools by Broward County Public Schools or its approved vendors. I understand the District may be required to release this information if requested by the media or other members of the public (i.e., public records requests).

Note: Student's name and grade, teacher's name, and school's name may be released in order to facilitate school-based publications.

2. I WILL NOT permit my student to be photographed, videotaped, and/or interviewed for school publications, such as school newsletters, school, program and/or District websites, social media/BECON TV, or for other communication tools by Broward County Public Schools or its approved vendors.

Student Name (PRINT)

Student Number

Parent Guardian (PRINT)

Parent/Guardian Signature (retype your name)

Date