



Acknowledgment & Photo/Video Release Form

Top Spot Academy

Child's Name: _____

ACKNOWLEDGMENT FORM	Parent Initials	School Year
1. Attached is a copy of the Influenza flyer report. I acknowledge that I have read and understand the report. (August/September ONLY)		2023-24
2. Attached is a copy of the Know Your Child's Day Care pamphlet provided by DCF. I acknowledge that I have read and understand the pamphlet.		2023-24
3. In events such as (but not limited) birthdays parties and/or food-related activities, I hereby authorize my child to participate and eat any food provided on the activity. Top Spot Academy will check the child's food allergies before activity		2023-24
4. I acknowledge that I read and understand our Parent Handbook thru our web page that included our Discipline Policy and TSA Zero Tolerance Bullying Policy.		2023-24
5. Attached is a copy of the Distracted Adult flyer and Rilya Wilson Act flyer. I acknowledge that I have read and understand these pamphlets.		2023-24
PHOTO / VIDEO RELEASE FORM		
1. Photographs or video recordings of my child may be made as part of activities at Top Spot Academy		2023-24
2. Top Spot Academy may use these photographs and video recordings in official communications including newsletters, emails and classroom projects		2023-24
3. Top Spot Academy may use these photographs and video recordings publicity for information or commercial purposes including on the Top Spot website, social media accounts without compensation		2023-24
4. Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.		2023-24

Parent Name: _____

Date: _____

Parent Signature: _____