



Permission to Share Family Contact Information

Child's Name: _____

YES, permission is given to share family contact information with another Messiah Christian School family and or Messiah Lutheran Church and or on the Bloomz parent communication app.

NO, please do not share family contact information.

Parent Name (Please Print): _____

Parent Signature: _____

Date: _____

Permission to Photograph and Share on Social Media

Child's Name: _____

YES, permission is given to take photographs and or videos of my child. These photographs and or videos of my child may be shared and or posted at the school and or on the Messiah Christian School and or Messiah Lutheran Church websites and or Facebook pages and or on the Bloomz parent communication app.

NO, photographs and or videos of my child are not allowed.

Parent Name (Please Print): _____

Parent Signature: _____

Date: _____