

ICL – NAQ Hifz Program

5099 West Dobbins Road

Laveen, AZ 85339

602-237-2666

Parents/Guardian Permission Slip

☐ I, _____, (Parent/Guardian) gives permission for my child, _____, to participate in eating snacks, lunch (pizza or sandwiches), popcorn, ice cream, cookies, and/or candies.

☐ I, _____, (Parent/Guardian) do not wish to have my child, _____, to participate in eating snacks, lunch (pizza or sandwiches), popcorn, ice cream, cookies, and/or candies.

Allergies Awareness

- ☐ My child has food allergies. (List allergies below)

_____.

- ☐ My child does not have food allergies.

Use of Technology & Permission to Take Pictures

☐ I authorize ICL – NAQ Sunday School to have my child use the technology items for education purposes only. I also give permission to take picture(s) of my child during special events and/or specific occasions.

☐ I do not wish my child to use the technology items provided by ICL – NAQ Sunday School. I also do not wish to have pictures taken of my child during special events and/or specific occasions.

Signature (Parent/Guardian)

Name (Last First, M.I.)

Phone

Date

Official Use Only

Signature (ICL Educational Services)

Name (Last First, M.I.)

Date