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Jamey Wolff Program Director Susan Buckler Administrative Director
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Student's Name: _____

2016/17 School Year

Consent for Community Trips

I give my permission for my child to take trips into the community for field trips and for other educational purposes in order to teach necessary skills in natural settings. Transportation will be provided by our contracted bus company. Staffing is provided by Spectrum Services. Signing the appropriate consent will cover all of these trips.

Parent Signature

Date

Consent for Self-Care/Hygiene Program

I give permission for my child to participate in the self-care hygiene program, in order to develop skills to care for his/her own needs more independently. Skills include grooming, changing clothes, toileting, nail and dental care, showering, etc. Teaching will occur in natural settings whenever possible and will be individualized for each individual child's needs.

Parent Signature

Date

Consent for Media Permission

It is vital for the continuing financial and clinical success for Spectrum Services that we are able to communicate the programs we offer, the activities our classes enjoy, and success of our students using 21st technology. This includes posting photos or stories on our website and facebook pages. As with all posted electronic information on the internet, it is not possible to have complete control over who may gain access to such information. However, please be assured that students' last names or other identifying information will NEVER be disclosed unless additional parental permission has been obtained.

I give my permission for my child to participate in media events, such as videotape/photographing for community awareness and use of his/her first name and/or artwork presented in the school, to the public and in printed media, on Spectrum Services website, or in social networking sites such as Facebook and You Tube.

Parent Signature

Date

Consent to Share Phone Number/E-mail Address

I give permission for The Center for Spectrum Services to share my phone number/e-mail address with volunteers in order to communicate school and fundraising information.

E-mail Address _____

Parent Signature

Date

If you have any questions about these consents, please contact your Family Service Coordinator.