



## **Registration Acknowledgement & Consent Form**

I have carefully reviewed the MyProcure questions to register my child at Country Day School of Arlington for the programs marked below. I have answered the questions fully, and to the best of my knowledge. I acknowledge that I have received a copy, via email, summarizing my online application.

*(Check all that apply.)*

☐ The 2025-2026 Academic School Year

☐ The 2025 Summer Program

I understand and consent to the following statements:

*(Initial the box beside the statement in which you are giving your consent.)*

☐ I hereby give consent for my child's photograph to be used in advertisements and/or external marketing.

☐ I hereby give my consent for my child to receive insect repellent provided by either the parent or CDSA.

☐ I hereby give my consent for my child to receive sunscreen provided by either the parent or CDSA.

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Signature of Guardian #1

Printed Name

Date

**(Required)**

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Signature of Guardian #2

Printed Name

Date

**(Optional)**