



School of Continuing & Professional Studies (SCPS)

**PRECOLLEGE PROGRAM CONSENT FORM**

To finalize registration, please complete the form and email to [precollege@pratt.edu](mailto:precollege@pratt.edu) with the subject line: **PreCollege Registration [Student Last Name]**

**STUDENT INFORMATION**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Student's Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**PROGRAM CONSENT**

By signing below, I agree to the following statements:

- **Program Enrollment:** I represent that I am the parent or legal guardian of \_\_\_\_\_ and I hereby authorize my child to participate in Pratt's PreCollege Program.
- **Medical Release:** I represent that I am the parent or legal guardian of the child that I am enrolling and I hereby give authority to Pratt Institute to obtain medical treatment in the case of emergency.
- **Photo/Media Release:** I hereby give permission to Pratt Institute for my child and his/her/their art/design work to be photographed and/or videotaped for promotional media and educational purposes.
- **Field Trip Release:** I grant permission to Pratt Institute for my child to go on field trips and release Pratt from liability during studio work, trips, and other events.
- **Technology Release:** I hereby give permission to Pratt Institute staff and faculty to contact my child using email/Slack/Zoom/Google Meet and/or other digital services for educational purposes. I understand that these platforms are social and my child is responsible for what they share on these platforms. Failure to uphold the standards of Pratt Institute could result in disciplinary action.
- **Learning Access Center (L/AC):** I will reach out to PreCollege Staff for support from the L/AC if needed for my child's learning needs.

**Parent / Guardian Name (please print):** \_\_\_\_\_

**Parent / Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_