



Information Sharing Consent Form

At Tiny Treasures Academy, families may be interested in reaching out to other parents to invite children in your child's classroom to special events and/or Birthday parties. This form serves as your consent for the following information to be shared:

- ☐ Parent(s) Names
- ☐ Email Address
- ☐ Phone Number

By checking the box below, you are providing consent in sharing the information with families who may request it.

☐ I give Tiny Treasures Academy my permission to share my personal contact information with other families attending the center.

☐ I do not give Tiny Treasures Academy my permission to share my personal contact information with other families attending the center.

Signature _____

Date _____