

THE CHILDREN'S GALLERY/ DO YOU HAVE A STORY? PARENT PERMISSION SLIP

925 N. Milwaukee Avenue Suite # 1010 Wheeling, IL 60090 (800) 87-READPLAY

Any child submitting artwork or a story or both for publication, or for inclusion in our Children's Gallery MUST have include this permission slip, signed by a parent or guardian. Parents: please read the guidelines above with care, then read and sign this form and include it with ANY submission of artwork or stories from your child. Should the submission be created by more than one child, you must include a permission slip for each child.

Mail to: ReadPlay, 925 N Milwaukee Ave, Suite 1010; Wheeling, IL 60090 In completing and signing this form, I agree to the following terms:

1. My child is at least five years old, and not yet 11.

2. I understand my child's artwork or story or both may be displayed in The Children's Gallery on the ReadPlay website.

- 3. I understand that ReadPlay agrees never to release my child's last name or address or phone number to any third party outside ReadPlay corporate staff, and never will post the last name or address or phone number on the web site.
- 4. My child's first name and age will be provided as the only credit on artwork and stories posted in The Children's Gallery.
- 5. My child's FULL name will be provided on any limited edition storybooks I order.
- 6. If anyone other than my child provided the enclosed illustrations, that person's name will be credited in full on limited edition storybooks I order.
- 7. In ordering limited edition copies of my child's original storybook or submitting my child's story or art for The Children's Gallery, I am testifying to the accuracy of the information provided below, and the originality of my child's work, which was completed without help from an adult.
- 8. I understand that ReadPlay will never solicit my child, or attempt to sell products to my child for any reason.
- 9. I understand that ReadPlay may need to contact me to clarify instructions, and will use my email address to do so.
- 10. If I wish my child's original artwork returned, I MUST include a stamped, self-addressed manila envelope of correct size with correct postage.
- 11. I understand that my child's submission must conform to the guidelines included above.

READPLAY PARENT PERMISSION SLIP PAGE 2

| Required Information | 1 | | | |
|---------------------------|----------------------|---|--------------|----------|
| Today's Date: | | | | |
| Child's Name: | | | | |
| My Child is a: | ☐ Boy | ☐ Girl | | |
| Child's Birthdate | | | | |
| Parent's Name: | | | | |
| Address: | | *** | | |
| City/ST/Zip: | | | | |
| Telephone (day): | | | 143.5 V.O. | |
| Telephone (evening): | | | | |
| Email: | | | | |
| Story Author Name: | | | | |
| Story Illustrator Name: | | | | |
| | | | | |
| I am submitting my | child's original sto | ory and art: | | |
| For inclusion in The Ch | ldren' s Gallery | | | |
| To buy bound books | | | | |
| Both | | | | |
| Dour | | | | |
| Luculd like to beer abo | ut now PeadPlay pro | grams from time to time: | Yes □ | No 🗌 |
| I would like to fleat abo | ut new Readmay pro | grams nom ame to time. | 103 🗓 | 110 |
| Land One to account D | | from time to time: | Yes 🗌 | No 🗆 |
| I would like to receive B | eneraciony catalogs | nom time to time. | 169 | 140 |
| Optional Additional ch | ildran's first names | s and ages: | | |
| Optional Additional G | march 5 machanics | and ages. | | |
| Name | Age | 1 | | |
| Italio | 7.90 | 4 | | |
| | | 1 | | |
| | | | | |
| | | | | |
| | | _ | | |
| We have (number) of | dogs | (breeds) | | |
| We have (number) of | | (breeds) | | |
| We have (species) of | her pets | | | |
| My child's school is | • | | | |
| | | 240 m cz m cz m m m m m m m m m m m m m m m | | |
| By signing below. I in | dicate that I have r | ead the above guidelines | and permiss | ion form |
| | | mission is original and wa | | |
| help of an adult. I als | o arant permission | to ReadPlay to post the | enclosed art | and/or |
| story in The Children | s Gallery on www.l | ReadPlay.com | | |
| | • | • | | |
| | | | | |
| (Your signature) | Date | (Print) | | |