

**Nehst Studios, LLC Parent Consent Form**

To comply with The Children’s Online Privacy Protection Act, Nehst Studios, LLC requires that the parent or legal guardian of any member under the age of 13 provide written authorization before collecting or maintaining any personal information about your child.

Please review the **Nehst Studios, LLC Privacy Policy** carefully before signing the Nehst Studios, LLC Parent Consent Form. After completing the form, please fax it to us at 917-591-6813 or mail it to us at 545 8<sup>th</sup> Avenue, Suite 401 New York, New York 10018, Attn: Al Nardelli.

By signing the Nehst Studios, LLC Parent Consent Form, I acknowledge and agree that:

1. I have read the **Nehst Studios, LLC Privacy Policy** and understand its terms.
2. I am the Child’s parent or legal guardian with authority to consent to the Child’s use of Nehst Studios, LLC websites.
3. I consent to the Child’s use of Nehst Studios, LLC websites, and to the collection and maintenance of personal information about the Child in accordance with the **Nehst Studios, LLC Privacy Policy**.

If you have any questions concerning this form, please contact us at 201-941-4677.

**1<sup>st</sup> Child:**

Child’s Name: \_\_\_\_\_

Child’s Date of Birth: \_\_\_\_\_

Male/Female: \_\_\_\_\_

Your Relationship to the Child: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Today’s Date: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

**2<sup>nd</sup> Child:**

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Male/Female: \_\_\_\_\_

Your Relationship to the Child: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

**3<sup>rd</sup> Child:**

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Male/Female: \_\_\_\_\_

Your Relationship to the Child: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

**4<sup>th</sup> Child:**

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Male/Female: \_\_\_\_\_

Your Relationship to the Child: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

Today's Date: \_\_\_\_\_

If you have any questions concerning this form, please contact us at 201-941-4677.