

Wollaston Child Care Center

Release Form

I give my permission for child to be released from the program and/or to be received at the end of the program to the following people:

Name _____ Relationship to child _____
Address _____
Telephone Number (W) _____ (H) _____

Name _____ Relationship to child _____
Address _____
Telephone Number (W) _____ (H) _____

Name _____ Relationship to child _____
Address _____
Telephone Number (W) _____ (H) _____

Name _____ Relationship to child _____
Address _____
Telephone Number (W) _____ (H) _____

Name _____ Relationship to child _____
Address _____
Telephone Number (W) _____ (H) _____

Name _____ Relationship to child _____
Address _____
Telephone Number (W) _____ (H) _____

Name _____ Relationship to child _____
Address _____
Telephone Number (W) _____ (H) _____

Name _____ Relationship to child _____
Address _____
Telephone Number (W) _____ (H) _____

I grant permission for my child to be photographed and my child's image to be displayed within the classroom. Yes No

I grant permission for my child's image to be included in media such as the Wollaston Child Care Center website, Facebook page, brochures, newspaper articles etc. I understand that my child's full image including his/her face may be visible.

Yes No

Parent/Guardian Signature

Date

