## **Consents and Releases**

Name of Facility Name of Child	Address of Facility
Name Ph	ay child from child care in the event that I am unable to: <b>Relationship</b>
Anyone NOT permitted to pick up my child (with copy of court order, if applicable)	
Consent is given for the iter	ms initialed below:
Walking Trips Walking trips to the following locations:	
Motor Vehicle Transportation Trips by the program in	to the following locations:
Daily transportation by the program in From Location Children will be restrained during vehicula	Type of vehicle to Location ar transport by use of
Special needs of the child during transport	t
Swimming Swimming and /or wading at	
Other activities (e.g., homework supervision,	trips to neighborhood playgrounds, special trips)

## **Photo Release**

My child may\_\_\_\_ may not\_\_\_\_ be photographed while in child care. Photos may \_\_\_\_ may not\_\_\_ be used in newspapers or other media for the purpose of publicity or shared with other families whose children attend the child care program.

Signature of Parent