

PICK-UP AUTHORIZATION

Child's Name: _____ Date of Birth _____

The person/persons listed below have my permission to pick up my child from Hugs-n-Hearts Early Learning Center/The H-n-H Campus program. I will inform my child's teacher/director each time an alternate pick-up is necessary.

Name	Relation to Child	Brief Physical Description
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Name	Relation to Child	Brief Physical Description
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Name	Relation to Child	Brief Physical Description
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This person is **Not** allowed to pick up my child:

Name	Relation to Child	Brief Physical Description
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PHOTOGRAPHS/ART WORK

I do _____ do not _____ give Hugs-n-Hearts permission for my child to be photographed in the program, at program functions or at fieldtrips. I understand that these photographs and/or my child's artwork may be published in the Center or on the Center's website at: www.hugsnheartselc.com where third parties would be able to view the photographs and art work. While every effort will be made to protect the identity of your child, Hugs-n-Hearts ELC and The H-n-H Campus cannot guarantee that your child will not be able to be identified from the photograph and artwork. This consent will remain effective until such time as you advise the Center otherwise.

Name of Parent: _____

Signature of Parent: _____ Date: _____