CHILDREN'S CORNER COOPERATIVE NURSERY SCHOOL
CONSENT FORM

Photo Release

___ Yes, you may use my child's photograph for publicity purposes.

___ No, you may not use my child's photograph for publicity purposes

Child Name _____

Signature: _____ Date:_____

Please list up to 3 people, other than parent/guardian(s) who are 1.) An alternative contact in case of emergency, and 2.) Authorized to pick your child up from school.

1.) Name _____ Relationship to Child _____

Phone Number(s) _____

2.) Name_____ Relationship to Child _____

Phone Number(s) _____

3.) Name _____ Relationship to Child _____

Phone Number(s) _____

I herby give permission for the above named individuals to pick up my child from school.

Signature:_____ Date: _____

The following individuals are NOT authorized to pick up my child from school:

I have received and read the following:

____ School/Parent Agreement ____ Member Handbook _____ Parent Participation Info

Signature: _____ Date_____