

# FIRST CHURCH EARLY LEARNING CENTER

## RELEASE FORM (parent or guardians need not be listed)

My child, \_\_\_\_\_, in the  
Child's Full Name  
class has my permission to be  
released to the following people:

- HALF DAY CLASS
- T-Th 3       M-W-F 3       M  T  W  Th  F 3  
CHECK days of attendance
- M-W-F 4       M  T  W  Th  F 4  
CHECK days of attendance
- 
- FULL DAY CLASS
- Full Time 3       Part Time 3
- Full Time 4       Part Time 4

**First and Last**

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship to child \_\_\_\_\_

**First and Last**

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship to child \_\_\_\_\_

**First and Last**

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship to child \_\_\_\_\_

**First and Last**

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship to child \_\_\_\_\_

**First and Last**

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship to child \_\_\_\_\_

I agree to notify the staff, verbally or in writing, when my child will be picked up by any of the above individuals. I understand that state issued photo identification will be required when the individual is unknown to the staff member releasing the child.

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian

**Return to Office**

First Church Early Learning Center  
107 Palisado Avenue  
Windsor, CT 06095

Dear Parents/Guardians,

Throughout the school year we would like to take photographs or videotape the children participating in class activities. These may be used for student observations, student portfolios, classroom displays, bulletin boards, or publicity (i.e., sandwich boards at town sponsored events). Please indicate your permission below and RETURN THE ENTIRE FORM as soon as possible.

Thank you for your cooperation.

F.C.E.L.C. Staff

THIS FORM DOES NOT AUTHORIZE THE USE OF PHOTOGRAPHS  
IN ADVERTISING MEDIUMS SUCH AS BROCHURES OR PRINT MEDIA.  
A SEPARATE RELEASE IS REQUIRED FOR SUCH USE.

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Check one:

- F.C.E.L.C. may take photographs of or videotape my child.
- F.C.E.L.C. may not take photographs of or videotape my child.

\_\_\_\_\_  
*Child's Full Name*

	<u>HALF DAY</u>		
	<input type="checkbox"/> T-Th 3	<input type="checkbox"/> M-W-F 3	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F 3 <i>CHECK DAYS OF ATTENDANCE</i> <small>(if variation is approved by Director)</small>
			<input type="checkbox"/> M-T-W-Th-F 3 <i>ATTEND ALL FIVE DAYS</i>
Indicate class:	<input type="checkbox"/> M-W-F 4	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F 3 <i>CHECK DAYS OF ATTENDANCE</i> <small>(if variation is approved by Director)</small>	<input type="checkbox"/> M-T-W-Th-F 4 <i>ATTEND ALL FIVE DAYS</i>
	<u>FULL DAY</u>		
	<input type="checkbox"/> Full Time 3	<input type="checkbox"/> Part Time 3	<input type="checkbox"/> Full Time 4 <input type="checkbox"/> Part Time 4

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_

