

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
Circle days of attendance
- M-W-F 4 M-T-W-Th-F 4
Circle 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.**

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

HALF DAY

- | | | | |
|----------------------------------|---|---|---|
| <input type="checkbox"/> T-Th 3 | <input type="checkbox"/> M-W-F 3 | <input type="checkbox"/> M-T-W-Th-F 3 <i>CIRCLE 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-T-W-Th-F 4 <i>CIRCLE 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> | |

FULL DAY

- | | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <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

Date

COMPLETE BOTH SIDES