

## AUTHORIZATION & PHOTOGRAPHIC RELEASE FORM

### AUTHORIZATION FOR RELEASE

This form will be kept on file in the office as reference for any staff member involved in releasing your child. Children will be released only to those persons of 18 years and older, you authorize. Please inform the office promptly of any changes.

\_\_\_\_\_ (CHILD'S NAME) WILL BE  
TRANSPORTED TO AND FROM THE CENTER ONLY BY THE FOLLOWING PERSON(S):

NAME:

RELATIONSHIP:

EFFECTIVE DATE:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

### PHOTOGRAPHIC RELEASE & AUTHORIZATION

I, \_\_\_\_\_, hereby grant permission for Columbus Montessori Education Center to photograph my child, \_\_\_\_\_ either alone or in a group during center hours and center functions. I understand that said photographs may or may not be used in publications, on the Columbus Montessori website or by the media in conjunction with the center. I also understand that no children will be identified by name on the Columbus Montessori website.

.....  
I, \_\_\_\_\_, withhold permission for my child's photograph(s).

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE:

\_\_\_\_\_  
DATE: