



# AUTHORIZATION FOR PICK-UP & PHOTOGRAPH RELEASE FORM

## AUTHORIZATION FOR PICK-UP

This form will be kept on file in the office as reference for any staff member involved in releasing your child from the center. Children will be released ONLY to those persons listed on this form (must be 18 years of age or older).

Please promptly inform the office of any changes.

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

NAME:	RELATIONSHIP TO CHILD:	EFFECTIVE DATE:
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

## PHOTOGRAPH RELEASE

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 CMEC website, or by the media in conjunction with the center. I also understand that no children will be identified by name on the CMEC website.

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I, \_\_\_\_\_, withhold permission for my child to be photographed.

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

\_\_\_\_\_  
DATE