

AUTHORIZATION FOR PICK-UP & PHOTOGRAPH RELEASE FORM

AUTHORIZATION FOR PICK-UP *(please print clearly)*

This form will be kept on file in both the main office and your child's classroom 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 (who must be 18 years of age or older). *Include all parents/guardians on this list. 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):

CONTACT'S FULL NAME:	RELATIONSHIP TO CHILD:	BEST CONTACT PHONE NUMBER:	EFFECTIVE DATE:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

PHOTOGRAPH RELEASE *(please print clearly)*

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.

I, _____, withhold permission for my child to be photographed.

PARENT/GUARDIAN SIGNATURE

DATE