



Release of Information

Student's Name: _____

Date of Birth: _____

Parent Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Email: _____

Occasionally, Child Care may have an event in which we would like to publicize our happenings. In additions, we may share updates about the program via social media. Please read below and answer "yes" or "no" for each questions.

1. I give permission to have my child's photograph be used in social media updates about Child Care (Twitter, FB, Instagram) Y or N
2. I give permission to have my child's photographic image(s) used on the Child Care and/or District Website Y or N
3. I give permission to have my child's photographic image(s) released to any form of External Public Media (Newspaper) Y or N