

Photo Release Form

While attending Children's Corner Early Learning Center or events put on by our center your child may be photographed/video taped. We at Children's Corner may use these photos or videos in various media and publications. By checking yes and signing the form below you as parents authorize Children's Corner to use your child's likeness in any and all publications and any and all media. With your approval and signature you also attest to make no monetary or other claim against Children's Corner for the use of such photos or videos.

___ Yes, I, _____ hereby grant Children's Corner Early Learning Center permission to use my child's photo according to the information above.

___ No, I, _____ do not grant Children's Corner Early Learning Center permission to use my child's photo according to the information above.

Parent/Guardian's Signature: _____ Date: _____

Child's Name: _____

School Directory

Each year we like to create a school-wide student directory. We send this home with families as a way to help you contact your child's friends for play-dates, birthdays, or just to say hi! Please include the information you would like below, exactly as you would like it listed.

Child's Name: _____ Parents' Names _____
Home Address: _____ Home phone: _____
Parent Email: _____

Please return this slip with your other forms.

Emergency Care Authorization

I/We, _____ and _____ as Parents/Guardians of _____ (Child's Name) hereby agree to allow Children's Corner to make decisions regarding emergency care for my/our child in the case that the staff is unable to reach either parent/guardians or emergency contacts listed on my/our registration form, during an emergency situation. This includes but is not limited to emergency care facility, emergency medical personnel, transportation of child, and medical decisions that need to be made immediately. The staff agrees to make the most informed decision available to them while constantly keeping in mind my/our individual child's needs, and will also continue to try to reach us, as parents/guardians, as well as emergency contacts listed on my/our Registration Form, until someone listed as an emergency contact is reached.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Child's Name: _____