

ST. TIMOTHY LUTHERAN CHURCH PRESCHOOL
RELEASE FORM

Name of child

Name of parent/guardian (please print)

Signature

Date

Home Phone

Cell Phone

Please **INITIAL** the following to give your consent:

_____ I give permission for my child's address, phone number and email to be shared in a class list that will be distributed to their classroom only.

_____ I give permission for my child's picture to be posted on the St. Timothy Preschool closed Facebook group (used by the teachers to post pictures periodically of the children so you can see what they are doing during the school day).

_____ I give permission for my child's photo to be placed in the classroom or bulletin boards of the preschool.

_____ The following people have permission to pick up my child from school (please list name and relationship to child):

<u>Name</u>	<u>Relationship</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ The following people do NOT have permission to pick up my child from school (please list name and relationship to child):

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____