

*****INFORMATION RELEASE*****

I hereby authorize that the following information may released for use by St. Francis of Assisi
Preschool:

Child's Name _____ Birthdate _____

Home Address: _____

Street and Number

City, State, and Zip Code

Primary Phone Number _____

Parent's First Names _____

Father

Mother

Primary Family E-Mail _____

Parent's Last Name if different than child's: _____

Information will be used to generate class lists to be released to families and staff members.

Parent or Guardian Signature

Date

*****PICTURE RELEASE *****

I understand and give my permission for pictures to be taken of my child in the manner described below:

1. The Staff members, room mothers, and board members of the St. Francis of Assisi Preschool may take pictures for use in crafts, memory books, and other media (not including the web). Pictures may also be used for promotion of the program.
2. A professional photographer takes individual pictures in the fall and class pictures in the spring. This is done as a service to parents and there is no obligation to purchase any product.

Parent or Guardian Signature

Date

Preschool Staff Initials: _____