



LITTLE HANDS

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

I hereby authorize that the following information may be released for use by St. Francis of Assisi LITTLE HANDS learning enrichment program to staff and parents, and posted on a classroom roster:

Child's Name _____ Birthdate _____
(only given to teachers)

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 of the St. Francis of Assisi Learning Enrichment Program may take pictures for use in crafts, memory books, and other media (not including the web).
2. I give specific permission for pictures to be used for *(please initial all that are approved)*
 - Parish media (bulletins, Flock Notes, Newsletters, etc.)
 - posting on SFA Facebook page and website
 - promotional materials of the program

Parent or Guardian Signature _____ **Date** _____

Staff Initials and year: _____