

COLONIAL SCHOOL



COMMUNITY FIRST SOLUTIONS

Pick Up Information

Child's Name _____

Persons authorized to pick up your child

| |
|--------------------|
| Name _____ |
| Relationship _____ |
| Make of Car _____ |

| |
|--------------------|
| Name _____ |
| Relationship _____ |
| Make of Car _____ |

Persons who are **not** authorized to pick up your child
(Please note, documentation must accompany this form in order for us to refuse to release a child to another parent)

| |
|--------------------|
| Name _____ |
| Relationship _____ |
| Make of Car _____ |

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Photo Release Agreement

We are asking your permission for a photo release of your child to be used in various publications including but not limited to Colonial newsletters, social media, classroom use, area newspapers, marketing materials and videos.

Signing this release will allow us to use your child's picture without further consent.

I give Colonial Schools permission to use my child's photo.

Parent's Signature _____

Child's Name _____

Date _____ Child's Class _____

I give Colonial Schools permission to use my child's photo for the following purposes only (see options above):

Parent's Signature _____

Child's Name _____

Date _____ Child's Class _____

I **do not** give Colonial Schools permission to use my child's photo.

Parent's Signature _____

Child's Name _____

Date _____ Child's Class _____