

## AUTHORIZATION FORM

Please complete the following form with whomever is authorized to pick-up your child from CHILDRENS' KASTLE. Remember to inform these people that they must present proper identification before we may release your child. Also, remember to tell the staff at CHILDRENS' KASTLE that someone other than yourself will be picking up your child.

 CHILD'S NAME
 RELATIONSHIP
 PHONE NUMBER

 1.\_\_\_\_\_\_
 2.\_\_\_\_\_\_
 3.\_\_\_\_\_\_

 2.ARENT SIGNATURE\_\_\_\_\_\_
 \_\_\_\_\_\_\_\_

It is recommended that you inform all parties that you wish to give authorization. Your child will only be released to the above mentioned people. If no one is here to pick-up your child that is listed on the authorization form, we will be forced by our licensing requirement to notify the department of social services and the local police department for pick-up of your child.

## PERMISSION TO PHOTOGRAPH

I hereby grant permission to CHILDRENS' KASTLE CHRISTIAN LEARNING CENTER to photograph for publication in connection with public relations. To include (but not limited to) news releases, websites, social media,conferences, any other promotional materials in any medium now known or later developed, including the internet. I release CHILDRENS' KASTLE CHRISTIAN LEARNING CENTER from any claims which may arise or be based upon such publication. I understand that CHILDRENS' KASTLE may use these photos indefinitely.

PARENT SIGNATURE

## JEWELRY RELEASE

It is advised by CHILDRENS' KASTLE CHRISTIAN LEARNING CENTER, that students do not wear jewelry to school. The center is not responsible for the loss or breakage of such. Our staff is advised to remove any potential safety hazard to all students concerned, but will not be held responsible for it's loss. It is further advised to refrain from parent consent of such items due to insurance ramifications to parents. I\_\_\_\_\_\_ understand the above release, and understand that I will not hold CHILDRENS' KASTLE liable for loss of such items and further understand that if my child wears such items, I may be responsible for insurance ramification if an injury should occur.

PARENT SIGNATURE\_\_\_\_\_

3966 Walden Avenue Lancaster NY 14086 (716) 681-2601



129 Laverack Avenue Lancaster NY 14086 (716) 289-4369