 **Timothy Lutheran Church Mother’s Day Out Program Handbook Receipt Form**

I have read and understand all the contents as shown in the Parent Handbook. I also understand that at any time I have questions or feel that a certain subject does not seem clear, I can call or visit the Program Director at any time for further clarification and details.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Timothy Lutheran Church Mother’s Day Out Program Photo Release Form**

I, \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_, the parent of a child/children at Timothy Lutheran Church Mother’s Day Out Program (Hereinafter known as the “Daycare), agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed at the Daycare during normal daycare hours, field trips, or activities. I understand that these photographs may be used in promoting child care services, either in print or on the Internet. NAMES WILL NEVER BE USED.

The child(ren) are known as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_.

With my choice below I grant or do not grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting the Daycare’s services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child’s enrollment. I understand that there will be no payment for me or my child’s participation in this release.

* I grant permission
* I do not grant permission

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_