

PARENT AUTHORISATION FORMS

Name of Child: _____

I authorize the following persons to pick my child (please print child's name above) from A.S.N.

Name: _____

Relationship: _____

Home/Office Tel: _____

Mobile Tel _____

Name: _____

Relationship: _____

Home/Office Tel: _____

Mobile Tel _____

I understand and acknowledge that without my prior authorization to the Nursery, my child will not be released into the care of anyone other than a parent or the person named above.

Signature of Parent/Guardian Name of Parent/Guardian

MEDIA CONSENT FORM

I, the parent/guardian of _____, understand that the Nursery may photograph and/or film my child in a positive light during his/her attendance at Alphabet Street Nursery. I understand that these media files may be used for the Nursery's online and printed publications/advertisements, and that these files would be the Nursery's property.

- Yes, I hereby give permission to take my child's photograph.
- No, I do not give permission to take my child's photograph.

I shall inform the Nursery in writing if I withdraw my consent otherwise this form is deemed valid for the entire duration of your child's stay at Alphabet Street Nursery.

Parent/Guardian Name / Signature / Date