Children's Choice Early Learning Center

115 S 3rd Avenue Eldridge, IA 52748 (Release Authorizations)

Travel Release

I/We give consent for	or (name of child) to participate in walking field trips with the am. I/We do reserve the right to be notified before each walking field trip. I release the
	ility unless negligence is proven.
 Date	Signature of Parent or Legal Guardian
Photography/Video	Taping Release
child) promoting activities through the Procare without express per	nt that the above named program may take photographs/videotaping of our child (name of, and I/We consent that the program may use the photographs of our child in at the center, such as posting pictures within the building and in communications with parent app. Photographs of our child will not be posted on the center Facebook page or website mission prior to posting. We understand that no financial benefits from the use of the apes are obligated to be paid to us.
Date	Signature of Parent or Legal Guardian
School-Age Travel to	o and From School Via Center-Owned Vehicle Notification
vehicle for the sole and from (name of s release/late starts.	at my child (name) will be transported in a center-owned purpose of drop off and pick up from school with only one adult. My child will be transported to school) This includes days in which there are early I affirm that my child's participation in this transportation program is entirely my choice, with of risk or accidental injuries that may be involved in any transportation program in the center.
Date	Signature of Parent or Legal Guardian
School-Age Travel to	and From School Via North Scott Community School District Bus
School District bus a to the bus driver as school care. This in this transportation p	arly Learning Center is a school bus pick up and drop off spot for the North Scott Community routes. I/We understand that my child (name) will be released an authorized pick up person on days when school is in session and my child attends before cludes days in which there are early release/late starts. I affirm that my child's participation in program is entirely my choice, with the understanding of risk or accidental injuries that may be sportation program in the center.
Date	Signature of Parent or Legal Guardian