

# Permission Form

Child's Name \_\_\_\_\_

Parent or Guardian Cell Phone # & Carrier \_\_\_\_\_  
\_\_\_\_\_

1. Names and phone number of persons authorized to pick-up my child from the Owens Early Learning Childcare Center:

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

2. I give permission for my child:

a. to go on all walks on campus.

Yes \_\_\_\_\_ No \_\_\_\_\_

b. to work individually with Owens staff, students, and volunteers, including having his/her photographs taken and/or videotaped as a part of college coursework.

Yes \_\_\_\_\_ No \_\_\_\_\_

c. to have their picture posted to the Owens Early Learning private Facebook page.

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Childcare Center Manager*

\_\_\_\_\_  
*Date*

FOR RENEWAL ONLY	
Parent's Initials	Date of annual renewal