

**CROSS OF GLORY NURSERY SCHOOL**

**Cambridge Drive, Aberdeen, NJ**

**PERMISSION STATEMENTS**

**EMERGENCY CONTACTS AND AUTHORIZATION FOR ADULTS OTHER THAN PARENTS TO PICK-UP YOUR CHILD**

My child, \_\_\_\_\_, may be released to the following adult(s) who have my permission to pick up my child from school:

Name of responsible adult:	Phone:	Relationship to your child:
1. _____		1. _____
2. _____		2. _____
3. _____		3. _____

Please note that your child can only be released to the above mentioned person(s) who would also be able to assume responsibility for your child in an emergency if you cannot be reached. Please notify the above person(s) that they will need to have photo ID and will need to sign in when picking up your child from school.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**PHOTO RELEASE**

I give my permissions for my child (name) \_\_\_\_\_, to be photographed for classroom purposes and for possible press releases or articles about Cross of Glory Nursery School.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date