Student Name(s)

1. PHOTOGRAPHS/VIDEO: Occasionally children at the center are photographed or videotaped. These photographs/videos may appear in the classroom, on bulletin boards, in the newspapers, in slide presentations, or on the news. I give the CLCCC permission to have my child(ren) photographed and/or videotaped. ❒ Yes ❒ No
2. FIELD TRIPS: I give the CLCCC permission to take my child on field trips. I will be notified accordingly. ❒ Yes ❒ No
3. SHARED INFORMATION: CLCCC and the Chautauqua Lake Central School share information regarding attendance and academics. This information is kept confidential. I give permissions for information to be shared among both parties. ❒ Yes ❒ No
4. AUTHORIZED PERSONS: Please indicate below all persons who will be authorized to pick up your child. Your child will be released only to persons named on this contract. Only with written permission from you will we be able to release your child to another adult not listed below. Be sure to include emergency contacts. Authorized persons may be required to produce identification when picking up your child.

## Name of Authorized Person Relationship to Child

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*Parent/Guardian Signature*