

Name of Child(ren): \_\_\_\_\_

**Routine/Local Walking Field Trip Release**

My signature below grants permission for my child(ren) to participate in the routine walking field trips in the Village of Cedarville. The Cedarville Learning Center utilizes the community to enhance our program. Neighborhood walks to Cedarville Park, Cedarville University, Local Businesses and/or around town. The following times are the most likely times we would leave the center for an activity around town, other times will apply during hours of operation based on the current schedule for the day. Morning (8:15-10:45am) & Afternoon (3:30-5:00pm), Daily.

**Photo Release Form**

Please check one of the boxes below to either grant or deny permission for the Cedarville Learning Center staff to obtain, take, or use my child(ren) photograph/video for school purposes. These purposes include, but are not limited to: art & craft projects, slide shows displayed at Center & during parent programs. In no way will your child's photograph and/or video be used in a manner harmful to the child.

☐ Yes, I grant permission                      ☐ No, I do not grant permission

Please check one of the boxes below to either grant or deny permission for the Cedarville Learning Center staff to take and send photographs of your child(ren) through Sandbox to only the parents/guardians listed on Sandbox account.

☐ Yes, I grant permission                      ☐ No, I do not grant permission

**Release of Child(ren) for Pickup**

My signature below gives the following individuals permission to pick up my child(ren) from the Cedarville Learning Center. If person is unknown to staff, a picture I.D. is required for verification of individual.

Name	Phone	Relationship

Parent or Legal Guardian

Date signed

This form is to be reviewed, initialed, and dated annually.	
Parent/Guardian Initial	Date of Review
Parent/Guardian Initial	Date of Review
Parent/Guardian Initial	Date of Review