



PARENTAL AUTHORISATION FORM

CHILD PICK-UP AUTHORISATION

I authorize the following persons to pick up my child _____
(please state child's name above in BLOCK LETTERS) from The Wonder Years ("Nursery"):

Name: _____ Relationship: _____

Home/Office/Mobile Tel. Nos.: _____

Address: _____

Name: _____ Relationship: _____

Home/Office/Mobile Tel. fijos.: _____

Address: _____

I understand and acknowledge that without my prior written authorization to the Nursery, my child will not be released into the care of anyone other than a parent or the persons named above.

Name of Parent/Guardian: _____

Signature of parent/Guardian: _____

Date: _____

PHOTOGRAPHIC IMAGE AUTHORISATION

I agree that the Nursery may photograph and / or film my child _____
(please state child's name above in BLOCK LETTERS) whilst in the care of the Nursery.

I understand that these media files may be used for the Nursery's print and/or online marketing purposes such as in their brochure, website, etc. as well as for other information purposes such as newsletters, displays, email updates, etc. and I acknowledge that such media files are the property of the Nursery.

Name of Parent/Guardian: _____

Signature of parent/Guardian: _____

Date: _____