



**Edward & Thelma Glantz  
Early Childhood Learning Center**

**Release for Photographs**

I authorize the Edward and Thelma Glantz Early Childhood Learning Center to use any photographs containing the picture of my child, \_\_\_\_\_ for any publication put out by the Early Childhood Learning Center or those publications which customarily present information or news to the public.

I do not authorize the use of any photographs containing the picture of my child, \_\_\_\_\_.

**Release of Information**

I authorize the Edward and Thelma Glantz Early Childhood Learning Center to include my name, my child's name \_\_\_\_\_, address and telephone number on the classroom list for distribution to parents/guardians in the classroom.

I do not authorize the information to be released on my child, \_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian