

Children's Academy



3301 N 32nd Street
Phoenix, Arizona 85018
602-956-7370

PHOTO RELEASE FORM

I, _____ of
(Parent or guardian)

(Child's Name)

Hereby gives The Son's Children and their legal representatives and assigns, the right and permission to publish, without charge, photographs taken at The Son's Children, field trips, and or special events. These photographs may be used in publications, including promotional literature, advertising, or in other similar ways.

Parents Signature _____ Date _____

SUNSCREEN PERMISSION SLIP

Date ____ - ____ - ____

I _____ give The Son's Children staff permission to apply
(Parent or guardian name)

(Name of sunscreen)

on my child _____
(Child's name)

Parent Signature _____ Date _____