

Authorized Adults Full Name:	Relationship:

I give the adults listed above permission to pick my child _____ up at anytime from Little Village Academy.

Parent's Signature

Date

We like to take pictures of all the fun activities that your child will take part in during their time spent at Little Village Academy. We use them in a variety of ways: scrapbooks, picture frames, website, newspaper articles, etc. We need your permission to do so.

___ **Yes, I give permission for my child to be photographed.**

___ **No, I do not give permission.**

Parent Signature

Date