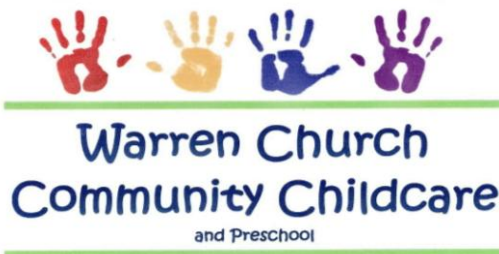


4 Sackett Hill Road
Warren, CT 06754



Tel: (860) 868-2236

PHOTO AUTHORIZATION

Child's Full Name: _____

Please check below for the options that you authorize:

I give permission my child to have his/her photo taken during WCCC events and activities for publication in local media (newspaper, magazine).

I give permission for my child to have his/her photo taken for inclusion in WCCC promotional publications (brochure, website, Childcare newsletter, church bulletin, etc.).

I give WCCC permission to take a photo of my child for the cover of his/her WCCC file.

Printed Name

Signature

Date

Printed Name

Signature

Date