



## PARENTS AUTHORIZATION

Child's Name: \_\_\_\_\_  
Last Name First Name

For security reasons we request authorization from parents to keep a recent picture of your child in our records. Also a copy of this picture will be placed on the child's cubbies so he/she can identify his/her belongings.

I, hereby authorize Growing Together Academy to take and keep a picture of my child in records.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

In events such as (but not limited) parties, field trips, scholar pictures, news reports, and advertising we might take pictures of the children.

I, hereby authorize Growing Together Academy to take and keep a picture of my child in records.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

On hot days, weather permitting we may schedule water activities for the children.

I, hereby authorize Growing Together Academy to take and keep a picture of my child in records.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date