



DESIGNATED PICK-UP PERSON(S) AUTHORISATION FORM

Name of Child:

I authorise the following persons to pick-up my child from Littlewoods Early Learning Center;
(Provide ID Cards of designated pick-up person or persons)

Name:

Relationship:

Home/Office/Mobile Tel Nos.:

Address:

Name:

Relationship:

Home/Office/Mobile Tel Nos.:

Address:

I understand and acknowledge that without my prior authorisation to Littlewoods Early Learning Center, my child will not be released into the care of anyone other than a parent or the person(s) named above.

Signature of Parent/Guardian

Name of Parent/Guardian

Date: _____

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PHOTOGRAPHIC IMAGE AUTHORISATION FORM

At Littlewoods Early Learning Center, we believe that the responsible use of children's photographs can make a valuable contribution to the life and morale of our Center. The use of photographs in our promotional material can increase pupil motivation and help parents and the local community identify and celebrate Littlewoods and our achievements.

Please indicate below if you wish to have your child participate in any of the mentioned situations. Kindly tick for Yes (✓) or cross (X) for No.

I grant/deny permission to use my child's image in the following publications whilst in the care of Littlewoods Early Learning Center;

Littlewoods Website	<input type="checkbox"/>
Littlewoods Online/Magazine/Newspaper Articles or Advertisements	<input type="checkbox"/>
Littlewoods Video Recordings	<input type="checkbox"/>
Littlewoods Facebook Page	<input type="checkbox"/>
Littlewoods Brochures/Leaflets/Newsletters/Banners	<input type="checkbox"/>
Student Learning Journal / Progress Report	<input type="checkbox"/>

Signature of Parent/Guardian

Name of Parent/Guardian

Date: _____

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