

Climbing Tree Community School, an Early Learning Center

1695 N Country Club Rd. Tucson, AZ 85716 ♦ 520-344-4501 ♦ www.climbingtreeschool.org ♦ info@climbingtreeschool.org

Release & Permission Information

Child's Name _____
First Middle Last

Parent/Guardian _____ Parent/Guardian _____

Signature _____ Signature _____

BOTH parents/legal guardians must sign in above, unless there is sole custodial parent/guardian

Release Authorization

In addition to parent/legal guardians listed above my child may be released to the following persons:

Name (print) _____ Name (print) _____

Relationship _____ Relationship _____

Phone _____ Phone _____

Signature _____ Signature _____

ID & signature required at 1st pick-up

ID & signature required at 1st pick-up

Name (print) _____ Name (print) _____

Relationship _____ Relationship _____

Phone _____ Phone _____

Signature _____ Signature _____

ID & signature required at 1st pick-up

ID & signature required at 1st pick-up

Name (print) _____ Name (print) _____

Relationship _____ Relationship _____

Phone _____ Phone _____

Signature _____ Signature _____

ID & signature required at 1st pick-up

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Telephone Authorization for Release of a Child

The Arizona Department of Health Services Child Care Licensing regulation require that we have some means of verifying phone authorizations for release of children to a person not listed under Release Authorization. The code should not be shared with anyone else for the safety of your child. Only parent/guardian can authorize a release. Below, please identify some form of code (a password, a significant date, or set of numbers, etc.) that we will use to insure it is a parent on the phone. This code will be kept on file in the school office and with your child's teachers.

My ID Code Word for phone authorization for pick-up is _____

Please initial to indicate permission and understanding of the telephone authorization procedure:

I give my permission for Climbing Tree Community School to accept phone authorizations for the release of my child _____

I further understand that to authorize the release of my child by phone, I must use my ID Code Word _____

I further understand that the school cannot make exceptions to these state mandated release procedures. _____

Emergencies For the purpose of medical treatment, transport, or non-life threatening health crisis, please provide the following:

Insurance Carrier _____ **Policy #** _____

If you prefer not to list insurance information, please initial here _____

Hospital please check the **one** hospital you prefer, if medical care is necessary (staff cannot choose for you)

<input type="checkbox"/> Banner UMC	1625 N Campbell Ave, Tucson, AZ 85719	Approx. 1.3 miles SE of Climbing Tree	(520) 694-0111
<input type="checkbox"/> TMC	5301 E Grant Rd, Tucson, AZ 85712	Approx. 3.4 miles NE of Climbing Tree	(520) 327-5461
<input type="checkbox"/> Other	_____	_____	_____
	Name of Hospital	Address (required)	Phone (required)

Pictures are taken to document your child's day and school activities. Pictures will be used only for classroom and family communication unless permission is granted for other use, i.e. promotional materials, social media and/or website.

Promotional Materials Pictures of my child may be used in brochures, flyers, etc. (please circle) **Yes** **No**

Website Pictures of my child may be used for the school website. (please circle) **Yes** **No**

Social Media Pictures of my child can be used on social media such as Facebook and Instagram showing school activities and events. (please circle) **Yes** **No**

School Directory Contact information listed in the directory is for birthdays and special events. If your child's name is not listed in the School directory, classroom families will not be in contact. By at least listing your child's name, you will give us permission to forward classroom families' communications to you.

The School Directory may include: (please circle yes or no)

My child's	Name	Yes	No	Phone number	Yes	No	Email	Yes	No
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We are required to have custodial guardians' signature on file. Please make sure, if applicable, BOTH custodial parents/legal guardians have signed on page 1.

Signature _____ **Date** _____