

Release of Information

I understand that information about my child, including his/her diagnosis and needs, will be shared with Faith at Play volunteers so that they may know how to most appropriately meet my child's needs.

Parent's Signature _____

Date _____

Optional Photo Release

I give permission for my child's photo to be taken. I understand that his/her picture may be used for church publications, a Faith at Play slide show or other promotional materials.

Parent's Signature _____

Date _____

**The release of information must be signed for your child to attend Faith at Play. The photo release is optional.