

# CHILDSPACE DAY CARE CENTER

7500 Germantown Avenue

Smith Building

Philadelphia, PA 19119

(215) 248-3080

## ALLERGY RELEASE

I give Childspace Day Care Center permission to post a listing of my child's allergies in an area of the classroom where it is accessible to all staff.

CHILD'S NAME \_\_\_\_\_

DATE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_

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## PHOTO RELEASE

I, the parent/guardian of \_\_\_\_\_,  
hereby consent that photographs, videotapes, and/or electronic images of my  
child can be used by Childspace Day Care Center for news and publicity  
purposes.

NAME OF CHILD \_\_\_\_\_

DATE \_\_\_\_\_

NAME OF PARENT/GUARDIAN \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_