



Acknowledgment of Receipt 2015-2016

I _____ have received and understood the materials contained on the handbook provided by Amigos de Palo Alto.

Today's date _____

Signature _____

Release Form

Please circle one and initial:

1. Yes / No & Initial _____

I authorize Amigos de Palo Alto to provide my family contact information in the classroom roster, which will be shared, to all families with in the classroom.

Restrictions:

2. Yes / No & Initial _____

I authorize Amigos de Palo Alto to take pictures of my child that which may be share with our families, post in the website, or any printed materials we might have.

Restrictions:

3. Yes / No & Initial _____

I authorize Amigos de Palo Alto to apply sunscreen to my child. I, the parent, will provide the sunscreen.

Restrictions:
