

Parent Release Form
Chicago Latvian Childcare and Preschool

I, the undersigned, do hereby grant or deny permission to CLCP to use my family's contact information, _____, as marked by my selection(s) below.

- Deny permission to share any contact information at all.
- Grant permission to share the following contact information (mark all that apply):
 - Names of family members, home address, parent telephone numbers and email addresses to those who may request it.
 - Names of family members, home address, parent telephone numbers and email addresses to CLCP parents ONLY.
 - Only** the following information:
 - Names of parents
 - Names of children
 - Home address
 - Mother's telephone number
 - Mother's email
 - Father's telephone number
 - Father's email

Notes: _____

_____.

Parent/guardian signature _____ Date _____

Please make a copy of this form for your own records.