



Parent Authorization



Release of child

In addition to the parents listed on the registration form, I authorize La Escuela to allow my child, _____, to leave the facility with the following people only:

Name _____ Drivers License # _____

Name _____ Drivers License # _____

Name _____ Drivers License # _____

In an emergency, a parent may call the school to give the name and license # of a person picking up the child who is not on the list above. However, no child will be released to someone who is not on the list or has not been authorized by a parent.

Medical Release - PLEASE FILL IN ALL BLANKS

In the event that I cannot be reached at a time of illness or accident, I authorize La Escuela (or a representative of) to take my child to:

Physician: _____ Address: _____ Ph# _____

Hospital: _____ Address: _____ Ph# _____

If the above cannot be reached, permission is granted for another licensed physician to be called or my child to be taken to the closest hospital and treated by the physician on call.

By signing below, I authorize the information above for the release of child (I.) and the medical release (II.)

Parent Signature _____ Date _____

III. Photographs

As your child participates in the program throughout the year, we would like to take some pictures to put together class books. Pictures may also be used for marketing or advertising purposes. Your signature below gives your consent for your child to be photographed.

Parent Signature _____ Date _____

Language Academy Inc. admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs and athletic and other school-administered programs.