

a b c o g l d

Little Rascals Photographs

I, _____, give permission
(Parent and/or Guardian)

for photographs to be taken of my child(ren) for use within the center's program only.

Signature _____ Date _____

Little Rascals Payments

I, _____, acknowledge that I am responsible for all weekly payments in the event of any kind of absence. This includes: vacations, holidays, sick days and any other absences from Miss Tara's Little Rascals.

Signature _____ Date _____