

OSSIPEE CONCERNED CITIZENS CHILDCARE CENTER
P.O. BOX 426/3 DORE STREET
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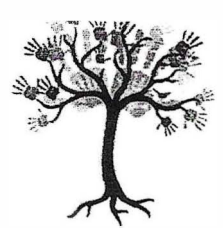


PHOTO RELEASE

I GIVE PERMISSION FOR MY CHILD _____ TO BE
PHOTOGRAPHED FOR THE PURPOSE OF JOURNAL WRITING, BIRTHDAY WALL,
PHOTO BOOKS, THE CENTER BULLETIN BOARD AT VALULAND AND THE
PUBLICITY OF THE CHILDCARE CENTER WHICH WOULD INCLUDE BROCHURES,
NEWSPAPERS, AND SOCIAL MEDIA, ETC.

PARENT SIGNATURE: _____ DATE: _____

I GIVE PERMISSION FOR MY CHILD _____ TO BE
TRANSPORTED BY FOOT OR VEHICLE FOR FIELD TRIPS WITHIN A MILE RADIUS OF
THE OCC CHILDCARE CENTER.

PARENT SIGNATURE: _____ DATE: _____