

# Small Wonders

Early Learning Center

## Permission to Release Information

Date: \_\_\_\_\_

I understand that the time my child, \_\_\_\_\_,  
is in the facility that the director may be asked for information regarding my child.

I hereby give permission to release information to official persons only, who identify themselves, such as schools, health care personnel, welfare or other governmental officials.

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Signature of Parent's/Guardians

Date

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I do not give permission to release information about my child as set forth in the aforementioned statement.  
I realize that the Bureau of Services for Child Care has access to my child's record as the licensing agent.

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Signature of Parent/Guardian

Date