

Full of Wonder
April Fender
2041 Trinity St. San Mateo, CA 94403
650-349-2772

Shared Information

Roster

I, the undersigned parent of, _____, hereby give my permission for Full of Wonder, to share information regarding our name, phone number, address and E-mail, to be included on a class roster for other parents.

Signature of Parent(s)/ guardian(s)

Date

Picture Release

There are pictures that will be taken by parents, teachers and associates of Full Of Wonder throughout the school year, during the normal activities of the students and their parent/guardians. Such pictures may be used in various promotional materials on the program's behalf (website, brochures, etc.). Rest assured our intent is that only pictures of a suitable nature will be selected and utilized.

Signature of Parent(s)/ guardian(s)

Date