



# COMMUNITY BEFORE AND AFTER SCHOOL CHILD CARE PROGRAM (CAP)



## VISUAL RELEASE AGREEMENT

The safety of your child is of highest priority. Please remember that CAP staff cannot be responsible for transporting this form to the CAP office. **It will, therefore, be your responsibility to scan/email, fax, mail, or hand deliver this agreement to the CAP office.** Scan and email to [albanycapezchildtrack@gmail.com](mailto:albanycapezchildtrack@gmail.com); Fax to 541-967-8368; Mail to: P.O. Box 1717, Albany, 97321; or Hand deliver to the CAP office at 250 Broadalbin Street SW. If you have any questions or concerns, please do not hesitate to call the CAP office at 541-967-9322. Thank you.

### ARRIVAL TO THE COMMUNITY BEFORE & AFTER SCHOOL CHILD CARE PROGRAM (CAP)

I, \_\_\_\_\_, authorize my child, \_\_\_\_\_, to arrive at the (site) \_\_\_\_\_ CAP site unescorted by a parent, guardian, or an authorized person indicated on his/her registration form. I authorize program staff to sign my child into the program at his/her designated time of arrival and understand my billing statement will reflect the arrival time. *PLEASE NOTE: Select elementary schools operate with a doorbell safety system for which I understand that my child will be responsible to ring the bell upon arrival and wait for the door unlock system to be activated before being admitted into the CAP space.*

Designated Days and Times: \_\_\_\_\_  
\_\_\_\_\_

This agreement constitutes a waiver of my daily sign-in signature. I further agree that CAP is not responsible or liable for my child until he/she has been signed into CAP for the day.

Comments: \_\_\_\_\_  
\_\_\_\_\_

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

### DEPARTURE FROM THE COMMUNITY BEFORE & AFTER SCHOOL CHILD CARE PROGRAM (CAP)

I, \_\_\_\_\_, authorize my child, \_\_\_\_\_, to be released from the (site) \_\_\_\_\_ CAP site unescorted by a parent, guardian, or an authorized person indicated on his/her registration form. I authorize program staff to sign my child out of the program at his/her designated time of dismissal and understand my billing statement will reflect the departure time.

Designated Days and Times: \_\_\_\_\_  
\_\_\_\_\_

This agreement constitutes a waiver of my daily sign-out signature. I further agree that CAP is not responsible or liable for my child once he/she has been signed out of CAP for the day.

Comments: \_\_\_\_\_  
\_\_\_\_\_

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

**"Providing safe, affordable and quality child care for Albany's school-aged children."**

501(c)(3) Non-Profit Organization (#93-0979294)

*"The Community After-School Program is an equal opportunity provider."*

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