



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



## VISUAL RELEASE AGREEMENT

### **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.

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."*