



THE CARDINAL VALLEY
NURSERY

PARENTAL AUTHORISATION FORM

Child Pick-Up Authorization for (Please print name of child): _____

I authorize the following persons to pick up my child from the nursery:
(Please provide 2 passport size photos of anyone other than parents)

Name: _____ Relationship: _____

Home No: _____ Office No: _____ Mobile No: _____

Address: _____

Name: _____ Relationship: _____

Home No.: _____ Office No.: _____ Mobile No: _____

Address: _____

I understand and acknowledge that, without my prior written authorization to the nursery, my child will not be released into the care of anyone other than a parent or the persons named above.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Photographic Image Authorization

I agree that the nursery may photograph and/or film my child (please print name of child):
_____ whilst in the care of the nursery. I understand that photographic media files may be used for the nursery's print and/or online marketing purposes such as in their brochure, website and other marketing materials, as well as for other information purposes such as newsletter, displays, email updates, etc. and I acknowledge that such media files are the property of the nursery.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

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