



# HANDS Program Release Policy

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Child's Legal Name: \_\_\_\_\_ School Attending \_\_\_\_\_

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**PROCARE SYSTEM** ~ Every person that is an authorized drop-off/pick-up person will be required to register with our computerized check-in/check-out system. The system creates an electronic signature for each individual. Do NOT share your ID and password with anyone else, as it is your signature when it is used to clock your child in/out of the HANDS program.

**PARENTS/GUARDIANS** ~ Authorized pick up/drop off individuals MUST BE 16 years of age. HANDS staff will be checking picture ID's at the time authorized people register on the Procure system.

**HANDS PARENT HANDBOOK** ~ I acknowledge that I have received and understand that it is my responsibility to read, review and abide by all program procedures as stated in the HANDS Parent Handbook.

**IMMUNIZATIONS** ~ I hereby, give HANDS permission to obtain a copy of my child's immunization records from the school records. (**NO CHILD** may attend a licensed child care center with a Religious Exemption on immunizations.)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**HANDS PHOTO RELEASE** ~ Occasionally, throughout our programs, photos/videos are taken of the children. Unless indicated below, by signing this registration form, you are also giving consent for your child's photo/video to be included in HANDS promotional material. The children's names are NEVER disclosed.

*My Child **MAY NOT** be photographed/videotaped while participating in activities.*

CHILD's Legal Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_