



CHILDREN'S CONTINUOUS CARE INC.
"Your child's home away from home"

369 Mildahn; Macedon, NY 14502

Phone: 585.377.9630 Fax: 585.377.2816

To: Parents

Re: **Picture Permission Form**

I _____, give Children's Continuous
(Parent/Guardian's Name)

Care permission to take pictures of my child _____
(Child's Name)

during the program hours.

Parent/Guardian's Signature _____ Date _____

Thank you!

Children's Continuous Care
(Wanda/Wendy)