

# Open Arms Child Care Center Address and Telephone Release

I give permission for Open Arms Child Care to release my address and/or telephone number to parents within the program for the purpose of birthday parties or special events. I understand that this information will not be released for any other purpose or to any other parties.

\_\_\_\_\_ Permission to release address

\_\_\_\_\_ Permission to release telephone number

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date