



COMMUNITY BEFORE AND AFTER SCHOOL CHILD CARE PROGRAM (CAP)



VISUAL RELEASE AGREEMENT

The safety of your child is of highest priority. Please remember that CAP staff cannot be responsible for transporting this form to the CAP office. **It will, therefore, be your responsibility to scan/email, fax, mail, or hand deliver this agreement to the CAP office.** **NOTE: A new Visual Release Agreement must be completed each program/school year.** Scan and email to albanycapezchildtrack@gmail.com; Fax to 541-967-8368; Mail to: P.O. Box 1717, Albany, 97321; or Hand deliver to the CAP office at 250 Broadalbin Street SW. If you have any questions or concerns, please do not hesitate to call the CAP office at 541-967-9322. Thank you.

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. *PLEASE NOTE: Elementary schools operate with a doorbell safety system for which I understand that my child will be responsible to ring the bell upon arrival and wait for the door unlock system to be activated before being admitted into the CAP space.*

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.”

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