



# Family And Child Education

## Release Form

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I have read this agreement and I understand what I am signing.

FACE Program \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Guardian (please print) \_\_\_\_\_

Name of Child(ren) (please print) \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

In the case of a minor, the signature and date of the parent or guardian is required.

Parent/Guardian name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

*\*Center-based FACE Staff: Fax signed copy to National Center for Families Learning, 502-470-9888*

*\*Home-based FACE Staff: Fax signed copy to Parents as Teachers National Center, 314-432-8963*

### **Bureau of Indian Education**

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### **National Center for Families Learning**

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### **Parents as Teachers National Center**

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