

## RELEASE FORM

CHILD'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

SCHOOL/AGENCY NAME \_\_\_\_\_ ROOM \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

The following people have permission to pick up my child from the preschool program.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_