



CHILD RELEASE FORM

ADULTS AUTHORIZED TO PICK UP MY CHILD:

Child's Name _____

Teacher's Name _____

Days Attending: ___ Mon/Wed/Fri ___ Tues/Thurs ___ Tues-Fri ___ M-F

Adults authorized to pick up my child: _____

Is there anyone who you know that may try to pick up your child, with whom you **DO NOT** want your child to go? ___yes (If yes, please give us their name(s) and brief description(s).)
___no

If your child will be in a regular carpool, please list the adults driving and the days they will be driving.

First and last names of the adults driving:

Day(s) they drive:

