

# CHILD RELEASE FORM

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

Teacher's Name \_\_\_\_\_

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

ADULTS AUTHORIZED TO PICK UP MY CHILD & RELATIONSHIP TO CHILD:

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Is there anyone who you know that may try to pick up your child,  
with whom you DO NOT want your child to go?

\_\_\_ no

\_\_\_ yes (If yes, please give us their name(s) and brief description(s).)

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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:

_____	_____
_____	_____
_____	_____