

FIRST CHURCH EARLY LEARNING CENTER

RELEASE FORM (parent or guardians need not be listed)

My child, _____, in the T-Th 3 M-W-F 3 M-T-Th 4 M-W-F 4 class
 Sunshine Room Rainbow Room
has my permission to be released to the following people:

First and Last

Name _____ Telephone _____

Address _____

Relationship to parent/guardian _____

Name _____ Telephone _____

Address _____

Relationship to parent/guardian _____

Name _____ Telephone _____

Address _____

Relationship to parent/guardian _____

Name _____ Telephone _____

Address _____

Relationship to parent/guardian _____

Name _____ Telephone _____

Address _____

Relationship to parent/guardian _____

I agree to notify the staff, verbally or in writing, when my child will be picked up by any of the above individuals. I understand that photo identification will be required when the individual is unknown to the staff member releasing the child.

Parent or Guardian Signature _____

Date: _____

Return to your child's teacher