

Child Release Form

Child's Name: _____ Date: _____

Parent/Guardian's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Dear Parent/Guardian:

In the event that you, the guardian, are unable to be at the bus stop to meet your child, or come to the center to pick up your child in case of an emergency, who would you want the center to contact?

1. Person: _____ Phone: _____
Relationship to child: _____
Address: _____
Do they have transportation? _____

2. Person: _____ Phone: _____
Relationship to child: _____
Address: _____
Do they have transportation? _____

3. Person: _____ Phone: _____
Relationship to child: _____
Address: _____
Do they have transportation? _____

4. Person: _____ Phone: _____
Relationship to child: _____
Address: _____
Do they have transportation? _____

Parent's/Guardian's Signature: _____ Date: _____