



# Children of Faith PRESCHOOL

## Release Form

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

The following persons have my permission to pick up my child:

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

I understand that without a signed note\* from me informing the teachers in advance, my child will not be released to anyone other than the above persons. In addition, these persons need to have a picture ID when picking up your child.

\_\_\_\_\_  
Parent/Guardian Signature Date

\*In case of emergency, a telephone call from me with a description and name of the person will be acceptable as long as the person has a picture ID.

\_\_\_\_\_ Yes

\_\_\_\_\_ No