



Child's Name _____

Greensburg United Methodist Church
Loving Hands Preschool

CHILD RELEASE FORM

The people listed below are authorized to pick my child up from Loving Hands Preschool.

1. _____ Relationship _____ Ph # _____

2. _____ Relationship _____ Ph # _____

3. _____ Relationship _____ Ph # _____

4. _____ Relationship _____ Ph # _____

5. _____ Relationship _____ Ph# _____

PLEASE NOTE:

Anyone coming to pick up your child who is not on the list will not be allowed to leave with your child. At the time of pick up this person will be asked to present a state-issued picture identification or driver's license. This is to ensure the safety of your child. Parent signature below acknowledges acceptance of this policy.

Parent Signature: _____ Date: _____