



Child's Name _____

Greensburg United Methodist Church
Loving Hands Preschool

CHILD RELEASE FORM

In addition to the names I have already listed on my child's "Child Enrollment and Health Information" form, the names listed below are persons who are 18 years of age or older and 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# _____

6. _____ Relationship _____ Ph# _____

7. _____ Relationship _____ Ph# _____

I have left this page blank because there are no additional names, other than the names listed on page 1 of the JFS0123 form.

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: _____