

Mt. Calvary Lutheran Preschool
Child Release

_____ has my permission to be picked up from Mt. Calvary Lutheran Preschool by the following person(s). PLEASE INCLUDE PARENTS' NAMES AS WELL.

NAME

RELATIONSHIP

PHONE #

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

I understand that my child will not be released to anyone other than those listed without my permission.

X _____
Signature-Parent of Legal Guardian

_____ X
Date