



# LITTLE TREASURES LEARNING CENTER



## CHILD RELEASE FORM

I, \_\_\_\_\_, authorize the release of my child(ren) to \_\_\_\_\_.

She/He has been informed that a photo driver license must be presented to office personnel.

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

\_\_\_\_\_  
Classroom

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

\_\_\_\_\_  
Classroom

\_\_\_\_\_  
Date(s) of allotted pick-up and/or drop-off

\_\_\_\_\_  
Relationship to child(ren)

Would you like to give this person the authority to pick-up and/or drop-off your child(ren) at any time?

Yes (If yes, we will biometrically fingerprint for entry)

No

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

\_\_\_\_\_  
Date

Comment(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_