



LITTLE TREASURES LEARNING CENTER



CHILD RELEASE FORM

I authorize the release of my child(ren) to following person. She/He has been informed that a photo driver license must be presented to office personnel.

Person's Name _____

Phone # _____

Relationship to child(ren) _____

Child's Name _____

Classroom _____

Child's Name _____

Classroom _____

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 Name _____

Parent/Guardian Signature _____

Date _____

Comment(s):

