

Permission to Release Form

2018-2019 School Year

I _____, give the following people permission to
Parent's Name

pick up _____ in my absence.
Child's Name

Name	Phone Number
1.	
2.	
3.	
4.	

By signing below, I understand I must inform Trinity staff when these individuals will be picking up my child. Those individuals listed will be asked to show photo identification until the staff of Trinity Christian Preschool and Child Care Center is familiar with these individuals. Children will not be released to any other extended family or friends who are not listed above, unless parents notify the office.

Parent Signature

Date