

**Child Release Form for 2010 – 2011**

**Cross of Christ Lutheran Preschool and Kindergarten**

**Child's Name** (Please print) \_\_\_\_\_

**In the event that I am unable to pick up my child, I give consent for my child to be released to the following persons:**

1. Name \_\_\_\_\_  
(Relationship to Child) \_\_\_\_\_

Address \_\_\_\_\_  
(Include City, State, Zip Code) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

2. Name \_\_\_\_\_  
(Relationship to Child) \_\_\_\_\_

Address \_\_\_\_\_  
(Include City, State, Zip Code) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

3. Name \_\_\_\_\_  
(Relationship to Child) \_\_\_\_\_

Address \_\_\_\_\_  
(Include City, State, Zip Code) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

4. Name \_\_\_\_\_  
(Relationship to Child) \_\_\_\_\_

Address \_\_\_\_\_  
(Include City, State, Zip Code) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

5. Name \_\_\_\_\_  
(Relationship to Child) \_\_\_\_\_

Address \_\_\_\_\_  
(Include City, State, Zip Code) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

6. Name \_\_\_\_\_  
(Relationship to Child) \_\_\_\_\_

Address \_\_\_\_\_  
(Include City, State, Zip Code) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

**Person's not authorized to pick up my child:**

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

\*\*\*\*\*

PARENT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_  
(Include City, State, Zip Code)