



CHILD RELEASE FORM

REGULARLY AUTHORIZED ADULTS

I, _____ authorize the release of my
child (children) _____

to _____ on a regular basis throughout
the school year. He/she has been informed that picture identification may be
required to pick up my child and that the child/adult must be addressed by the
preschool teacher.

_____ MONDAY

_____ TUESDAY

_____ WEDNESDAY

_____ THURSDAY

_____ FRIDAY

Parent or Guardian

Date