



Teacher: _____

Session: _____

**PRESCHOOL / PRE-K / KINDERGARTEN
RELEASE FORM
2018-2019**

Child's Name _____

Parent #1 Primary Contact: Phone # _____

Parent #2 Primary Contact: Phone # _____

Additional Emergency Contact: Name/Relationship: _____

Phone # _____

Dear Parents:

It is extremely important for your child's safety that we know to whom they are to be released after school. This is a requirement of law. Please know that WE CANNOT RELEASE YOUR CHILD TO ANYONE WHO IS NOT ON THIS LIST.

To make changes at any time during the school year, the parent/guardian must do so **IN PERSON at the office.**

Only those named below are authorized to pick up _____ .
(student's name)

1. _____ relationship PARENT
2. _____ relationship PARENT
3. _____ relationship _____
4. _____ relationship _____
5. _____ relationship _____
6. _____ relationship _____
7. _____ relationship _____
8. _____ relationship _____
9. _____ relationship _____
10. _____ relationship _____
11. _____ relationship _____