



STUDENT RELEASE FORM

Child's Name: _____

The following individuals have our permission to pick up our child at Clinton Path Preschool:

1. Name: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Other Phone: _____

2. Name: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Other Phone: _____

3. Name: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Other Phone: _____

4. Name: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Other Phone: _____

5. Name: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Other Phone: _____

6. Name: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Other Phone: _____

Parent/Guardian Signature

Date