

Upper Dublin Christian Nursery School

RELEASE AUTHORIZATION 2017/2018 School Year

UPPER DUBLIN CHRISTIAN NURSERY SCHOOL has permission to release my child
_____ to the person(s) listed below.

_____ Date _____
(Signature of parent/guardian)

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Photo identification will be checked. If a person NOT LISTED will be picking up your child, please fill out a *Change in Dismissal* form. This form is available in each of the classrooms. If there is anyone WHO MAY NOT pick up your child, please write a letter to be kept on file. The *Change of Dismissal* form should also be filled out if your child is to be released to another school parent or to anyone other than the persons listed on the release authorization form.

Beginning of Year Parent Signature: _____ Date: _____

Mid Year Review Parent Signature: _____ Date: _____