

For office use:
A/C # _____

ST. JOHN'S LUTHERAN NURSERY SCHOOL
1675 Coates Ave., Holbrook, NY
Phone (631) 588-4347/FAX (631) 588-8159

CHILD RELEASE FORM
(To be filled out each year)

CHILD'S NAME _____

Please write the full name(s) of the person(s) authorized to pick up your child from school and can be contacted in case of an emergency (at least 1 neighbor on your street):

<u>NAME</u>	<u>PHONE #</u>	<u>ADDRESS</u>
Mother: _____	work: _____ home: _____	_____
Father: _____	work: _____ home: _____	_____
Neighbor: _____	_____	_____
Others: _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If there has been a divorce or separation, please explain the custodial rights and anticipated visitation concerns: _____

Any person(s) authorized to pick up your child **including the parents** must come prepared to show **photo identification** when asked. If the parent or authorized person has been introduced to the staff or is known by them, identification will not be required. The child will not be released if the staff has not met the person and no appropriate identification is produced. We realize that at times this may be inconvenient; nonetheless, we ask for your full cooperation as the whole purpose of this procedure is the safety of your child.

Signature of Parent

Date

OVER