

# Authorized Release Form

Child's Name \_\_\_\_\_

**Please list any adult that has your permission to pick up the above named child.**

Adult's Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Adult's Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Adult's Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Adult's Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**We will only authorize the release of your child to the adults listed above unless written consent has been given by the parent/guardian to an A Colorful World Learning Center Administrator.**

**Please note that all release persons must have the following at pick up:**

- Valid photo I.D.
- Must be 18 years of age or older
- Proper car seat/booster seat required by law

**If the above mentioned are not met, we will not be able to release your child from our care.**

**\* Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*This form is valid for one year from the date of signature.*