



Authorization for Release

I understand that my child cannot be released to anyone without my written authorization.

The following individuals have permission to pick up _____
Print Child's Name
from Aquinas Early Childhood Center.

Parent Signature _____ Date _____

Print Parent Name _____

Name _____ phone _____

Name _____ phone _____

Name _____ phone _____

Name _____ phone _____

Name _____ phone _____

Name _____ phone _____

Name _____ phone _____

Name _____ phone _____