

Trinity Christian Preschool & Child Care  
Permission to Release Form  
2019-2020 School Year

I \_\_\_\_\_, give the following people permission to  
Parent's Name

pick up \_\_\_\_\_ in my absence.  
Child's Name

Name	Phone Number
1.	
2.	
3.	
4.	
5.	
6.	

By signing below, I understand I must inform Trinity staff when these individuals will be picking up my child. Those individuals listed will be asked to show photo identification until the staff of Trinity Christian Preschool and Child Care Center is familiar with these individuals. Children will not be released to any other extended family or friends who are not listed above, unless parents notify the office.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date