

# Hope Children's Center Child Release Form

I, \_\_\_\_\_ authorize Hope Children's  
(parent's/guardian's name)

Center to release my child, \_\_\_\_\_  
(child's name)

on \_\_\_\_\_ or throughout the year to the following:  
(date/dates/school year)

<u>Name of Person</u>	<u>Phone Number</u>	<u>Relationship, if any</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I agree that Hope Children's Center may release my child to the above named persons.

Parent's Signature: \_\_\_\_\_

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

*Office Use Only*

Telephone permission ~ Time: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

Staff member recording telephone permission: \_\_\_\_\_