



PARENT RELEASE FORM

Child's Name _____

Mother or Guardian Name _____ Cell Phone _____

Father or Guardian Name _____ Cell Phone _____

Parent / Guardian Signature _____ **Date** _____

Please list below the names, addresses and cell phone numbers of persons authorized to take your child from preschool (DCFS requires your two non-parent emergency contacts to be listed on this form.)

Name _____ **Cell Phone** _____

Relationship to child _____ **City** _____

Name _____ **Cell Phone** _____

Relationship to child _____ **City** _____

Name _____ **Cell Phone** _____

Relationship to child _____ **City** _____

Name _____ **Cell Phone** _____

Relationship to child _____ **City** _____

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