

GREAT BEGINNINGS CHRISTIAN CHILD CARE CENTER AND
KINDERGARTEN
Fax # 754-0797

CHILD RELEASE FORM

If someone is picking up your child, even if they are on the child information card, this form must be completed by the parent and given to the classroom Teacher before the child will be released.

My child/children, _____
Name(s)

can be released to _____
Person picking up child/children

on
_____ Date _____ Time

Parent signature _____

***Person picking up child must bring picture I.D.
or Michigan Driver's License**