

# RELEASE FORM

In addition to the parents indicated on the front of this form, the following persons have my permission to pick up my child from preschool and may be called in an emergency if parents cannot be located. Buckingham United Methodist Preschool will not release your child to an individual we do not know without photo identification.

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Name	Relationship to child
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Home Phone #	Work Phone #	Cell Phone #
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Name	Relationship to child
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Home Phone #	Work Phone #	Cell Phone #
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Name	Relationship to child
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Home Phone #	Work Phone #	Cell Phone #
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We understand that this child will not be released from the school to anyone except the persons named on this form. The director or teacher will be notified if there is anyone picking up this child who is not listed. We, as parents, will be sure that a staff member is aware of the child's arrival and departure. We understand that the hours of the School are from 9:15am – 2:00pm. *We understand that a late fee will be assessed for children picked up after 2:10 and that late fees are due and payable at the time of the late pick up.*

We have read and accept the policies and regulations of the Buckingham United Methodist Preschool on this form, and release it from any and all liability resulting from conditions or circumstances beyond its control.

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Signature of Father or Guardian

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Date

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Signature of Mother or Guardian

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Date