



Authorization Release

I authorize the following person:

Please complete in ink only.

Name: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Work #: _____ Cell #: _____

To pick up my child _____ from Earthplace *Preschool Class:* _____

For the school year _____ For the following date(s): _____

Signature *Please Print Name* *Date*



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