

**HOSANNA LUTHERAN CHILDHOOD CENTER
AUTHORIZATION FOR RELEASE**

Child's Name_____

Child's Birthdate_____

Parent's Name (printed) _____

Class child is enrolled in_____

The following people have authorization to pick up my child from Hosanna Lutheran Childhood Center

1._____

Phone_____

2._____

Phone_____

3._____

Phone_____

4._____

Phone_____

I understand that if changes need to be made that it is my responsibility to contact the preschool administrator.

Parent/Guardian Signature_____

Date_____