



CHILD RELEASE AUTHORIZATION and CUSTODY INFORMATION FORM

The MOUNT HEBRON NURSERY SCHOOL is authorized to release my child _____, to the following individuals or family members who may pick up my child from the school. I understand that each authorized person must be at least sixteen years old, and that my child will not be permitted to leave the school with anyone not listed below.

Name: _____ Name: _____

Address: _____ Address: _____

Phone:(h) _____ Phone:(h) _____
(w) _____ (w) _____

Relationship to Child: _____ Relationship to Child: _____

The school is NOT authorized to release my child to the following:



1. Are the child's parents divorced or separated? _____
2. Is custody currently being disputed in any legal action? _____
3. Name of person(s) or agency with legal custody of child _____
4. Has any court issued an Order regarding custody of the child, or is there any Separation Agreement which establishes custody of the child? _____ If so, provide a copy of the Order of Agreement.



I certify that the information provided above is complete and accurate, and I agree to notify the school if there are any changes in the above information.

Caregiver/Guardian Date Caregiver/Guardian Date