



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.

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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