



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: (c) \_\_\_\_\_  
(w) \_\_\_\_\_

Phone:(c) \_\_\_\_\_  
(w) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: (c) \_\_\_\_\_  
(w) \_\_\_\_\_

Phone:(c) \_\_\_\_\_  
(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