

St. John Neumann Preschool  
Child Release Form

Child's Name: \_\_\_\_\_

School Year: \_\_\_\_\_

My child may be released to the following adults:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

4. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

\*Staff members may request picture identification from above adults.

Parent's Name Printed \_\_\_\_\_

Parent Signature \_\_\_\_\_