



The Umbrella Community Arts Center Release Authorization Form

Child's Name: _____

For the safety of your child(ren), you must sign your child in each morning and sign them out at the end of each day. All children must be picked up by a parent or other authorized adult. Please indicate below any people **other than the child's parent/guardian** whom you wish to authorize to pick up your child.

I hereby give permission for the following people to pick up or drop off my child:

Name _____
Relationship to child _____
Phone (H): _____ (C): _____ (W): _____
Address _____

Name _____
Relationship to child _____
Phone (H): _____ (C): _____ (W): _____
Address _____

I give my child permission to sign themselves in and/or out independently each day.

Please specify any pick-up/drop-off details below:

Parent/Guardian Signature _____ Date _____