The Music Settlement
OHIO CITY · UNIVERSITY CIRCLE

EARLY CHILDHOOD PICK-UP RELEASE FORM

CHILD'S NAME _____

Please list below ALL people to whom you give permission to pick up your child from The Music Settlement. Include all emergency names as well as carpool members. This form may be updated or changed throughout the school year.

My child_____has my permission to go home with the people listed below.
(Print child's Full Name)

SIGNATURE OF PARENT OR GUARDIAN _____

DATE _____

PLEASE INCLUDE NAMES OF PARENTS/GUARDIANS ON THE LIST

NAME	PHONE	RELATIONSHIP
_____	_____	_____
PARENT/GUARDIAN NAME		
_____	_____	_____
PARENT/GUARDIAN NAME		
_____	_____	_____
NAME		
_____	_____	_____
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