

PERMIT TO REMOVE FORM

CHILD'S NAME: _____

Dear Parents:

Please complete the section below with complete names, addresses, and phone numbers of anyone, **INCLUDING custodial parents or legal guardians**, who will be permitted to remove your child from school. This form will be kept in a separate folder for quick daily reference. You may add additional names once the school year begins by updating this form in the ECC office. * Please advise people on your list that the first time they are going to pick up your child, they will need to allow extra time to walk into the ECC office to present their photo ID to be copied. *

Your child will be released only to the custodial parents (or legal guardians) and the persons listed below. The following persons will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason the custodial parents or legal guardians cannot be reached. Any changes must be made in writing.

PERSONS PERMITTED TO REMOVE YOUR CHILD FROM SCHOOL

Begin with custodial parents or legal guardians. One person per line. The next 2 people on your list below should be the same as those authorized on your Child Enrollment Record. Licensing requires complete names, addresses, and phone numbers for all persons listed. (Additional contacts may be added on the reverse if necessary.)

ID on File

1.	NAME (PARENT/LEGAL GUARDIAN #1)	RELATION TO CHILD	PHONE	_____
	ADDRESS	CITY	STATE	ZIP CODE
2.	NAME (PARENT/LEGAL GUARDIAN #2)	RELATION TO CHILD	PHONE	_____
	ADDRESS	CITY	STATE	ZIP CODE
3.	NAME	RELATION TO CHILD	PHONE	_____
	ADDRESS	CITY	STATE	ZIP CODE
4.	NAME	RELATION TO CHILD	PHONE	_____
	ADDRESS	CITY	STATE	ZIP CODE
5.	NAME	RELATION TO CHILD	PHONE	_____
	ADDRESS	CITY	STATE	ZIP CODE

SIGNATURES REQUIRED – BOTH PARENTS AND/OR LEGAL GUARDIANS

SIGNATURE: _____

SIGNATURE: _____

DATE: _____