

**ST. ELIZABETH EXTENDED CARE**  
**RELEASE FORMS (CLIP AND USE AS NEEDED)**

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***ONE DAY ONLY RELEASE PERMISSION***

Please allow (person's name) \_\_\_\_\_

to release my child (child's name) \_\_\_\_\_

from your program on this day only (date) \_\_\_\_\_

I realize I will need to submit a new form EACH day that I want this person, or anyone not already on my child's registration form, to be able to sign my child out of your program.

If my signature is NOT on file with you, I will bring this request to you in person.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of custodial parent only

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***PERMANENT REGISTRATION RELEASE LIST  
ADDITIONS OR REMOVALS***

Please (state add or remove) \_\_\_\_\_

this person (name) \_\_\_\_\_

to/from my child (child's name) \_\_\_\_\_

*PERMANENT* release list on his/her registration form.

I realize that persons on this list may pick up my child at ANY time!

If my signature is NOT on file with you, I will bring this request to you in person.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of custodial parent only

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***NOT ATTENDING***

My child (name) \_\_\_\_\_

will NOT be attending your program today.

He/she will be picked up directly from class dismissal.

If my signature is NOT on file with you, I will bring this request to you in person.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of custodial parent only