

RELEASE PROCEDURE AND AUTHORIZATION

Child's Name:	
I authorize my child to be released from CrossWays Preschool to the following people (relatives, nannies, neighbors, friends): PLEASE NOTE THAT A MINIMUM OF TWO OF THESE CONTACTS MUST BE LOCAL.	
1	Phone:
Address:	
2	Phone:
Address:	
3	Phone:
Address:	
4	Phone:
Address:	
I understand that the above instructions without my written permission.	will be followed and that my child will not be released to anyone
notified, there will be an automatic \$10.0	d up promptly within ten minutes after class ends, unless previously 00 late charge. After ten minutes from the time class is finished, 0.00 charge. The official clock is the preschool clock and I will be
been contacted, CrossWays Preschool w CrossWays Preschool has not been conta	nished, if a child is not picked up and CrossWays Preschool has not ill call and leave a message for parents and emergency contacts. If acted after one hour from the time the last message is left, CrossWays and then the Illinois Department of Child and Family Services.
CrossWays Preschool acknowledges and parent, authorized contact or outside au	accepts responsibility for my child's protection and well-being until a thority arrives.
Signed:	Date: