

Woodside Children's Center

155 Woodside Ave

Amherst Ma 01002

### Child Release Form

The person/s listed below has/have the authorization to pick up my child/children \_\_\_\_\_ from Woodside during program hours. I understand that the staff cannot release a child to a person who is not listed below, on the Emergency Contact or stated in writing. Please make sure that at least one of the people listed on either form are in the area and available to pick up in Emergency situations. Anyone picking up will need a picture I.D. Upon release of your child to an authorized person the center will be free from all liability.

Date: \_\_\_\_\_ Parent or Guardian \_\_\_\_\_

1. Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone Number \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone Number \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone Number \_\_\_\_\_