

**OPEN ARMS CHILD CARE CENTER
CHILD RELEASE POLICY**

To ensure children's safety, Open Arms will release a child only to the people listed below. By signing this form, I understand that Open Arms will not release my child to any other person unless I notify the center in advance, following the guidelines:

- If the person (spouse, relative, friend) picking up my child is listed on this form, I must notify the center verbally.
- If the person picking up my child is NOT listed on this form, I must notify the center in writing.
- Photograph identification will be required of any person picking up my child.

Child's Name: _____ **Date of Birth:** _____

1. Name: _____ Relationship: _____

Address: _____ Day Phone: _____

City/Town & Zip: _____ Evening Phone: _____

2. Name: _____ Relationship: _____

Address: _____ Day Phone: _____

City/Town & Zip: _____ Evening Phone: _____

3. Name: _____ Relationship: _____

Address: _____ Day Phone: _____

City/Town & Zip: _____ Evening Phone: _____

4. Name: _____ Relationship: _____

Address: _____ Day Phone: _____

City/Town & Zip: _____ Evening Phone: _____

Parent/Guardian's Signature: _____ Date: _____