

Release of Child Form

Please print the names, address and telephone numbers of any person(s) that you authorize to pick – up your child(ren) at the end of his/ her class at the Blue Door Studio:

Name of child(ren)/student: _____

Name of Authorized person: _____

Relationship to child/children: _____

Phone #: _____

Name of Authorized person: _____

Relationship to child/children: _____

Phone #: _____

Name of Authorized person: _____

Relationship to child/children: _____

Phone #: _____

Parent/Guardian Signature: _____

Date: _____