

**St. Anthony of Padua Little Trojans Pre-School
Child Release Form 2024-2025**

Student Name: _____ **Date of Birth:** _____

Parent Signature: _____ **Date:** _____

My child may be released to:

Last Name: _____ First Name: _____

Relationship: _____

Address: _____ City/State/Zip: _____

Phone 1: _____ Phone 2: _____

Phone 3: _____ Email Address: _____

My child may be released to:

Last Name: _____ First Name: _____

Relationship: _____

Address: _____ City/State/Zip: _____

Phone 1: _____ Phone 2: _____

Phone 3: _____ Email Address: _____

My child may be released to:

Last Name: _____ First Name: _____

Relationship: _____

Address: _____ City/State/Zip: _____

Phone 1: _____ Phone 2: _____

Phone 3: _____ Email Address: _____

My child may be released to:

Last Name: _____ First Name: _____

Relationship: _____

Address: _____ City/State/Zip: _____

Phone 1: _____ Phone 2: _____

Phone 3: _____ Email Address: _____

My child may be released to:

Last Name: _____ First Name: _____

Relationship: _____

Address: _____ City/State/Zip: _____

Phone 1: _____ Phone 2: _____

Phone 3: _____ Email Address: _____

My child may be released to:

Last Name: _____ First Name: _____

Relationship: _____

Address: _____ City/State/Zip: _____

Phone 1: _____ Phone 2: _____

Phone 3: _____ Email Address: _____