

HARBOUR POINTE CHRISTIAN PRESCHOOL-DISMISSAL AUTHORIZATION

(One form per student MUST be completed)

STUDENT NAME _____ **Teacher** _____

When parents are not available to pick up their child(ren) from school, HPCP requires your permission to release your child to another adult. Please list relatives or friends who have your permission to pick the above listed child up from school. HPCP will not release your child to anyone without your permission. Please inform these contacts that HPCP personnel may ask for their personal identification before releasing your child to them during our dismissal process.

(Please Print)

Father's Name: _____ **Mother's Name** _____

Name _____ **Relation to Student** _____ **Phone** _____

Name _____ **Relation to Student** _____ **Phone** _____

Name _____ **Relation to Student** _____ **Phone** _____

Name _____ **Relation to Student** _____ **Phone** _____

Name _____ **Relation to Student** _____ **Phone** _____

PARENT'S SIGNATURE _____ **DATE** _____

Parent's Cell Phone # _____ **Home Phone #** _____