



HARFORD HEIGHTS CHILD CARE CENTER, INC.
CHILD RELEASE AUTHORIZATION & CUSTODY INFORMATION

LOCATION: _____ (please specify: Boys' Latin, Garrison Forest, or Gerstell Academy)

Section I.

Harford Heights Child Care Center, Inc., is authorized to release my child, or children: _____
 _____ to the following individuals below who may pick-up my child from
 the Center. I understand that each authorized person must be at least sixteen (16) years old and that my
 child will not be permitted to leave the Center with anyone not listed below.

Section II.

If all names for authorized pick-up are listed on the EMERGENCY FORM, skip Section II, and continue to Section III.

Name _____	Name _____
Address _____	Address _____
Phone: H: _____ C: _____	Phone: H: _____ C: _____
Relationship: _____	Relationship: _____
Name _____	Name _____
Address _____	Address _____
Phone: H: _____ C: _____	Phone: H: _____ C: _____
Relationship: _____	Relationship: _____

Section III: The Center is ***not*** authorized to release my child to the following people:

1. _____ 2. _____

Section IV.

- Are the child/ren's parents divorced or separated? (select one): **Yes** _____ **No** _____
- Is custody currently being disputed in any legal action? (select one): **Yes** _____ **No** _____
- Person(s) or agency with legal custody of the child/ren: **Name(s):** _____
- Is there a Court Issued Order regarding custody of the child/ren, or is there any existing Separation Agreement which establishes custody? (select one): **Yes** _____, **No** _____

If 'yes' to question #4, please provide a certified copy of the Order or Agreement.

I certify that the information provided above is complete and accurate and I agree to notify the Center if there are any changes in the above information.

Parent/Guardian Signature

Date

Director Signature

Date