



Pick Up Release Form

6114 Fishburg Road
Huber Heights, OH 45424

Phone: 937-965-7929

Fax: 937-660-3066

firststepsofficestaff@gmail.com

firststepscchh.org

Child's Name _____

The person picking up your child from school must:

- Display the assigned pick up number in a vehicle window
- Must be 18 years of age or older

I give consent for my child to be released to:

1. Parent/Guardian: _____
2. Parent/Guardian: _____
3. _____
4. _____
5. _____

Changes to your child's pick-up routine

- Please notify the preschool if someone other than a person listed above will be picking up your child
- If the assigned number is not available, a valid photo ID is required

Do Not Release To

Do not release my child to the following individuals. A copy of court orders is required for custodial situations.

Printed Name	Signature	Date

For Use When Re-Enrolling

Parent/Guardian Initials	Date Reviewed	Administrator Initials	Date Reviewed