

JRC EARLY CHILDHOOD CENTER

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AUTHORIZATION FOR RELEASE

Child _____

The following persons are authorized to pick up my child (including parent):

Name/Relationship to Child Full Address Phone

Name/Relationship to Child Full Address Phone

Name/Relationship to Child Full Address Phone

Contingency List: (You may add people as needed)

Name/Relationship to Child Full Address Phone

Name/Relationship to Child Full Address Phone

Name/Relationship to Child Full Address Phone

I understand that only these individuals, authorized in writing by me, will be able to pick up my child. I will send an authorization note on days when my child is to be picked up by someone not on this list (e.g. babysitter, grandparent, parent of another child with whom my child will go home after school). I further understand that my child will not be released to any individual who has not been so authorized.

Signature of Parent/Guardian Date

Home Phone Cell Phone Work Phone

We will ask you to recheck this form in January of the school year. Thank you.

MID-YEAR VERIFICATION

Date _____ Parent Signature _____