

St. Bernard of Clairvaux and St. Stanislaus Kostka

Religious Education Classes 2017-2018

Release Authorization Form

CHILD'S Name: _____

CHILD'S Name: _____

CHILD'S Name: _____

CHILD'S Name: _____

CHILD'S Name: _____

Below are the people who can take my child/children from St. Bernard of Clairvaux and St. Stanislaus Kostka, religious education classes on regularly scheduled Wednesday evenings. Should this information change or need to be revised, please inform St. Bernard of Clairvaux and St. Stanislaus Kostka immediately as we will not release children to anyone other than those persons listed below. **ALSO INCLUDE THE NAMES OF BROTHERS AND/OR SISTERS ALSO WHO HAVE PERMISSION TO PICK UP YOUR CHILDREN.**

Name:

Relationship to Child(ren):

1. _____ MOM

2. _____ DAD

3. _____

4. _____

5. _____

6. _____

I _____, authorize St. Bernard of
Parent Name-Print Clearly

Clairvaux and St. Stanislaus Kostka to release my children to the above persons. I understand that identification might be asked for before a child is released.

Signature

Date