



Firelands Christian Daycare

3809 Maple Ave.
Castalia, OH 44824
419-684-5311 ext. 101

deby@cfbroadcast.net

Permanent Permission Form

Name: _____ Age: _____ Birthdate: _____

Address: _____ City: _____ Zipcode: _____

I give my permission for my child to leave Firelands Christian Daycare with the following people.

Name: _____

Relationship: _____

Address: _____

Phone Number: _____

Name: _____

Relationship: _____

Address: _____

Phone Number: _____

Name: _____

Relationship: _____

Address: _____

Phone Number: _____

Parent (Legal Guardian) Signature _____ Date: _____

Please use the back if you need to add additional people. Due to State of Ohio regulations we can only let those on this list or who you have told us verbally pick up your child. For the first pickup please advise them to have their driver's license available so we can verify. Thank you for your patience. This is a State of Ohio requirement.