

Firelands Christian



PERMANENT PERMISSION FORM

Names:	Ages:	Birthdates:
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: _____

Signed: _____ **Date:** _____