

St. Joseph School Extended Care Program Fairhaven, MA

RELEASE FORM

This form is to ensure the safety of the child/children under our care at St. Joseph School's Extended Care Program.

Child's Name _____

I, _____, the legal guardian/parent of the child listed above, do hereby give my consent/authorization for the release of my child to the following individual(s), from the Extended Care Program at St. Joseph School in Fairhaven, Massachusetts:

Name of Individual	Relationship to Child
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

X _____
Legal Guardian / Parent Signature

11/14/2007

Revised