St. Anthony of Padua Little Trojans Pre-School
Child Release Form 2026-2027

Student Name:_____ Date of Birth:_____

Parent Signature:_____ Date:_____

My child may be released to:

Last Name:_____ First Name:_____

Relationship:_____

Address:_____ City/State/Zip:_____

Phone 1:_____ Phone 2:_____

Phone 3:_____ Email Address:_____

My child may be released to:

Last Name:_____ First Name:_____

Relationship:_____

Address:_____ City/State/Zip:_____

Phone 1:_____ Phone 2:_____

Phone 3:_____ Email Address:_____

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