

EASTSIDE CHRISTIAN ACADEMY (ECA)

AUTHORIZED RELEASE AND PICK-UP (#103)

Please allow my child(ren)

1. _____
2. _____
3. _____
4. _____

to be released from Eastside Christian to the following adults:

Give name, relationship and phone # for each person who is allowed to pick up your child(ren).

1. _____
2. _____
3. _____
4. _____

I understand that my child(ren) will not be permitted to leave the staff of Eastside Christian to anyone who is not listed on this release form without prior **written consent** from me.

I understand that this form is binding for each entire school year that my child(ren) are enrolled in ECA.

Parent/Guardian Signature

Relationship to listed child(ren)

Date