Coeur d'Alene
700 W. Ironwood Drive, Suite 155
Coeur d'Alene, ID 83814
(208) 667-0585

Post Falls
1300 E. Mullan Avenue, Suite 1000
Post Falls, ID 83854
(208) 777-1330

Hayden
9095 N. Hess Street
Hayden, ID 83835
(208) 772-8940

Date: _____ Account #: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

I, _____, am relinquishing my financial responsibility on the above named child(ren) as of this date _____.

My contact information is: _____
City: _____
State: _____
Zip: _____
Phone: _____

I understand that _____ will now be responsible for this account.

_____
Print Name

_____
Relationship to child(ren)

_____ _____
Signature Date