



**Children's Ministry Classroom Release Form**

Date: \_\_\_\_\_

I, \_\_\_\_\_  
Parent's Name

parent of \_\_\_\_\_  
Child's Name

authorize the following persons to pick up my child from their Children's Ministry class on Sundays:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature