



## CHILD RELEASE FORM

Mount Vernon Baptist Church  
7600 Falls of Neuse Road  
Raleigh, NC 27615  
919-847-0160 Office 919-847-0606 Fax

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Child's Name

**Authorized Pickup Persons:**

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Father	Cell Number	Work number
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Mother	Cell Number	Work number
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Name	Relationship	Best Contact Number
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____ Name Number	Relationship	Best Contact
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____ Name Number	Relationship	Best Contact
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____ Name Number	Relationship	Best Contact
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The Growing Place will not release a child to anyone other than their parent or those listed on this child release form unless the teacher is notified in writing. In addition, all parties, including the above listed, will be expected to provide picture identification.

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Parent/Guardian Signature

Date