



Child Care Release

Child's Legal Name: _____ Date of Birth: _____

Parent/Legal Guardian(s) Name: _____

I give permission to my current childcare provider and/or designated sub to:

- communicate and/or exchange information with Reach-Up Inc. regarding daily routine and changes.
- release my child to the bus.
- take my child off the bus.
- communicate early releases due to weather or other emergency situations.

Childcare Provider Name Phone Number

Address

YES: _____ NO: _____ Does not apply: _____ S.I. _____

Reach-Up Inc. complies with federal privacy laws and respects your rights to privacy. Reach-Up Inc. requires all employees that have access to protected information to comply. This authorization may not exceed 18 months from the date of Parent/Legal Guardian's signature and may be revoked with a written statement at any time. A copy of the released information may be requested.

Signature of Parent/Legal Guardian Date Staff Initials