

**Watertown Public Schools
Early Childhood Center**

AUTHORIZATION FORM

Child's Name _____ Teacher _____

I hereby authorize the Watertown Public School's Early Childhood Program to release my child to the following persons:

Name: _____ Relationship _____

Address: _____ Telephone _____

Name: _____ Relationship _____

Address: _____ Telephone _____

Name: _____ Relationship _____

Address: _____ Telephone _____

Are there any restrictions as to who may pick up the student? _____

If yes, please list name(s) of person(s) prohibited: _____

(Please submit a copy of of any relevant documents)

Verbal permission to release your child will not be accepted.

Signature _____ Date _____