

HAPPY HOLLOW SCHOOL

School year 2009-2010

PICK-UP/RELEASE PERMISSION LIST

I hereby give permission to Happy Hollow School, 29 Oaks Road, Framingham, MA 01702 to release my child, _____ to the following individuals for pick-up upon dismissal from his/her program. Any individuals not listed below will require a written consent by me prior to my child being released into his/her care.

1. Name: _____

Address: _____

Phone number: _____

Relationship to child: _____

2. Name: _____

Address: _____

Phone number: _____

Relationship to child: _____

3. Name: _____

Address: _____

Phone number: _____

Relationship to child: _____

Name of Parent or Guardian: _____

Signature: _____ Date: _____