



Zion Mennonite Nursery School
149 Cherry Lane,
Souderton, PA 18964
215-723-3592

Authorization Release Form

Child's Name _____

Class _____

I authorize the following persons to pick-up and transport my child from school during the school year:

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature _____

Date _____

*Please list all the people who are permitted to transport your child.
If throughout the year more people need to be added to the list,
please put it in written form for our records.*