Community Action of Southeast Iowa Head Start

Parent Permission & Release

NAME OF CENTER _____ **TEACHER** _____

CHILD'S FULL NAME _____ **DATE OF BIRTH** _____
First Middle Last

CHILD'S HOME ADDRESS _____
(Include city/town)

I give permission to allow Community Action of Southeast Iowa to text and/or email information regarding my child and/or the Head Start/Early Head Start program. Community Action of Southeast Iowa will not be held liable for any cost associated with incoming or outgoing text messages. Community Action of Southeast Iowa will not be held responsible for any information released to the phone number or email address listed below if I fail to notify staff of a phone number or email address change.

Phone Number: _____ **Email Address:** _____

By signing this form, I also give permission for my child to ride the Head Start bus (if available) and for the Head Start staff to sign my child in and out of the center each day.

PICK UP ADDRESS _____ **PHONE** _____
(Include city/town)

DROP OFF ADDRESS _____ **PHONE** _____
(if different) (Include city/town)

If a non-adult will be picking up a child from the center or getting a child off the bus, a *Parent Authorization of Youth Pick up and Release Form* must be submitted to the Family Services Coordinator for prior approval.

PLACE IN ORDER OF PREFERENCE: (List additional names on the back of this form)

NAME	RELATIONSHIP	TELEPHONE	
1.	*Parent/Guardian*	home	work
2.	*Parent/Guardian (if applies)*	home	work
3.		home	work
4.		home	work
5.		home	work
6.		home	work
7.		home	work
8.		home	work

I hereby give permission for my child to leave the center with/or be released to the persons named above, it is my responsibility to notify the center, in person, of any changes to this list.

Are there any custody or restraining orders for person(s) who may attempt to pick up or have contact with the child while in care at the center? **(Must have copy of court order stating the above)**

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

_____ / / _____ / /
SIGNATURE PARENT/GUARDIAN **DATE** **STAFF WITNESS** **DATE**

This form will be valid for the 2022-2023 School Year
Rev. 2/2022 JH HS5016 B

Assigned FDS _____