

**FOREST CHAPEL PRESCHOOL**  
680 W. Sharon Rd. - Cincinnati, Ohio 45240  
825-3040

For the \_\_\_\_\_ school year, as parent/legal guardian for \_\_\_\_\_  
Child's Name

I, \_\_\_\_\_ give my approval for this named child to be released following  
Name of Parent/Guardian

the class session ( \_\_\_\_\_ ) to myself or any of the following persons:  
Class Attending

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_