



# DAYTON PUBLIC SCHOOLS AUTHORIZATION FOR RELEASE OF CHILD TO CHILDCARE PROVIDER

ADD	CHANGE	DELETE
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**NAME OF CHILDCARE PROVIDER:** \_\_\_\_\_

**CONTACT PERSON:** (If not same as above) \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DAYTON, OHIO 454** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_

I \_\_\_\_\_ reside at \_\_\_\_\_  
Parent/Legal guardian Street No. Street Name  
 \_\_\_\_\_, Dayton, Ohio 454 \_\_\_\_\_ and as parent and/or legal guardian of the below-named student(s), do  
Apt.

hereby authorize the Dayton Public Schools to release the child(ren) listed below into the custody of the childcare provider listed above.

Please list your children's names, grades, and schools; also indicate whether you need **Morning** (A.M.), **Afternoon** (P.M.), or **Both Morning** and **Afternoon** transportation.

Student's Name	DOB	School	Morning	Evening	Both
			A.M.	P.M.	BOTH
			A.M.	P.M.	BOTH
			A.M.	P.M.	BOTH
			A.M.	P.M.	BOTH
			A.M.	P.M.	BOTH

This authorization shall apply for the entire 20\_\_\_\_ - 20\_\_\_\_ school year **unless changed or rescinded by me in writing.** This authorization places no liability or obligation on the Dayton Public Schools District other than those customary to such release. I understand that no special transportation arrangements will be provided unless the child care provider's address is within the established school transportation pattern. You will be contacted by the Transportation Department within five (5) work days.

\_\_\_\_\_  
 Signature of Parent/Guardian Date

Home Phone. \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

**STOP HERE!**

EMPLOYEE COMPLETING CHANGE OF CHILDCARE PROVIDER: \_\_\_\_\_

FORM COMPLETED AT:  School  Student Enrollment Center