

# LITTLE HEAVENLY ONES RELEASE FORM.

I \_\_\_\_\_ GIVE  
LITTLE HEAVENLY ONES THE  
PERMISSION TO RELEASE MY CHILD TO

First Last name: \_\_\_\_\_

Phone number: \_\_\_\_\_

First Last name: \_\_\_\_\_

Phone number: \_\_\_\_\_

First Last name: \_\_\_\_\_

Phone number: \_\_\_\_\_

First Last name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Anyone picking up children from Little  
Heavenly Ones will be asked to show  
identification.

