

The Caring Place at Sacred Heart  
100 Central Street  
Gardner, Ma. 01440  
978-632-5745 / Fax: 978-669-0089  
[www.tcpgardner.com](http://www.tcpgardner.com)  
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An Early Education and Care Program  
Established: 1991

I give permission to **The Caring Place** to release my child:

**Child's Name:** \_\_\_\_\_

to the following adult: \_\_\_\_\_  
**(Full name of person)**

on: **Date:** \_\_\_\_\_  
**Month/Day/Year**

I understand that this permission is only valid for the day/month/year specified.

I **DO** / **DO NOT** want this person to be added to my child's release form.  
**(Please circle one)**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_