



Blooming Babies
483 Belvedere Pl
London, N6K 2G2, ON

Contract Nr.:

www.bloomingbabies.ca
contactus@blomingbabies.ca
Tel.: 226-785-1625

SCHOOL RELEASE FORM

Child's Name:

I, _____, hereby release Blooming Babies Child Care from any and all responsibility for my child on each school day, after my child has left the provider's home to attend school until he/she returns to the provider's home from school.

Departure time:

Arrival time:

Contact: _____ if child(ren) is late more than:

Parent/Guardian Signature

Date: