



Great Beginnings Preschool Directory Release

I, _____, give permission for our name, mailing address, email address and phone number to be placed in the preschool directory.

I understand this directory will be distributed only to parents of children enrolled in Great Beginnings Preschool.

Please print clearly.

Child's Name: _____

Parent Names: (mother/father): _____

Home Address: _____

Town, State, Zip: _____

Phone number: (Home) _____ (cell) _____

E-mail address: _____

Neighborhood: _____

Parent/Guardian Name (Please print): _____

Parent Signature: _____

Date: _____