

**DUNN COUNTY JAIL CHILD CARE RELEASE FORM**

Name of Child	Date Of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SCHEDULE**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
End Time							

**RESIDENCE WHERE CHILD CARE WILL TAKE PLACE**

\_\_\_\_\_

Street Address Telephone Number

\_\_\_\_\_

City State Zip Code

**NAME OF PERSON DOING CHILDCARE WHILE YOU ARE AT JAIL**

\_\_\_\_\_

Full Name Relationship to You

\_\_\_\_\_

Street Address Telephone Number

\_\_\_\_\_

City State Zip Code

NOTE: A work schedule on a company letterhead is required from the parent/guardian you are doing childcare for before you will be released. Copies of Birth Certificates of each child are required. Please attach them to this packet

JAIL USE ONLY:  
 Information verified by: \_\_\_\_\_ Date: \_\_\_\_\_