

**Child Drop-Off and
Pick-Up Authorization**

CHILD'S NAME (Please print) _____ Today's Date _____

Parent's Signature _____

NO ONE WILL BE PERMITTED TO PICK UP YOUR CHILD IF THEIR NAME IS NOT LISTED BELOW.

THE FOLLOWING ADULTS ARE AUTHORIZED TO PICK UP MY CHILD FROM SCHOOL

1. Parent/Guardian (please print) _____

Cell Phone _____ Work Phone _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

2. Parent/Guardian (please print) _____

Cell Phone _____ Work Phone _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

PERSON(S) OTHER THAN PARENT/GUARDIAN AUTHORIZED TO PICK UP AND/OR DROP OFF CHILD. ID may be requested.

1. Name _____

Cell Phone _____ Work Phone _____ Home Phone _____

Relationship: Grandparent Relative Family Friend Daycare Provider

2. Name _____

Cell Phone _____ Work Phone _____ Home Phone _____

Relationship: Grandparent Relative Family Friend Daycare Provider

3. Name _____

Cell Phone _____ Work Phone _____ Home Phone _____

Relationship: Grandparent Relative Family Friend Daycare Provider

4. Name _____

Cell Phone _____ Work Phone _____ Home Phone _____

Relationship: Grandparent Relative Family Friend Daycare Provider