

Pick-Up Authorization Form

I, _____, authorize the individuals listed below to pick up
(print parent/guardian's name)

my child, _____, from Evelyn Street Day School at the agreed upon
(print child's name)

time as stated in my contract. I understand that if there is ever a change in routine, I will notify my child's teacher or the administration in writing, I will notify the administration should I decide to alter this list.

(Teacher)

(Date)

**My signature (typed out above) indicates that I understand that the people listed below, myself included, are authorized to pick up my child from Evelyn Street Day School.

PLEASE PRINT CLEARLY OR TYPE

1. Name and relationship of person primarily responsible for picking up my child:

Name Address Phone number Relationship

2. Name and relationship of person secondarily responsible for picking up my child:

Name Address Phone number Relationship

3. Name and relationship of others authorized to pick up my child:

Name Address Phone number Relationship