



CHRISTIAN FAMILY PRESCHOOL

Child Pickup Authorization

Student's Name:

Parents' Names:

Address:

Relationship:

Phone:

Additional persons who may pick up child/children on a less frequent basis:

Name:

Address:

Relationship:

Phone:

Name:

Address:

Relationship:

Phone:

Any person(s) NOT authorized to pick up my child/children: _____

Note: Any person unfamiliar to Christian Family Preschool will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____