

Bay Presbyterian Preschool

CHILD'S NAME: _____

Authorized person(s) who may pick up child other than parents:

Please include all caregivers

NAME	PHONE	RELATION TO CHILD
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

NOTE: Child will not be released to a non-authorized person. Advance notice of any change or addition of an authorized person must be given to the child's teacher.

I give my permission for the above-authorized person(s) to pick up my child, (name) _____ from Bay Presbyterian Preschool.

Date: _____

Parent Signature: _____