



## KINDERGARTEN PICK-UP FORM

Student Name \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_

### The following people have permission to pick up my child.

1. Name \_\_\_\_\_ Relation to the child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relation to the child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relation to the child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

4. Name \_\_\_\_\_ Relation to the child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Note:** *In the interest of safety, students will not be released to any persons unless we are notified by you. Persons unfamiliar to staff will need to show proof of identification.*

### Identification needs to be shown if other than parent/guardian

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_