



Authorized Pick-Up Form

Student Name: _____

I hereby give permission for the following (up to 4) persons to pick up my child(ren) from the Cardinal Pacelli Preschool Program if I am not available.

1. NAME: _____

ADDRESS: _____

PHONE: _____

2. NAME: _____

ADDRESS: _____

PHONE: _____

3. NAME: _____

ADDRESS: _____

PHONE: _____

4. NAME: _____

ADDRESS: _____

PHONE: _____

*Please notify the teacher in advance if one of these persons will be picking up your child. Make sure whoever will be picking up your child(ren) presents a photo id, as we must check.

Phone number where I can be reached. _____

I give permission for my child's name to appear on the class roster. Yes ___ No ___

Parent Signature & Date

