

Brookview community preschool

Child Pick-up Authorization Form

2020-21

Name of the child: _____ Class: _____ Parent/Guardian Name: _____

The people listed below are authorized to pick up my child(ren):

(PERSON(S) OTHER THAN PARENT/GUARDIAN THAT HAVE BEEN AUTHORIZED TO PICK UP THE CHILD ON THE REGISTRATION FORM)

1. _____ Relationship to the child: _____ Tel: _____

2. _____ Relationship to the child: _____ Tel: _____

3. _____ Relationship to the child: _____ Tel: _____

4. _____ Relationship to the child: _____ Tel: _____

5. _____ Relationship to the child: _____ Tel: _____

6. _____ Relationship to the child: _____ Tel: _____

7. _____ Relationship to the child: _____ Tel: _____

8. _____ Relationship to the child: _____ Tel: _____

9. _____ Relationship to the child: _____ Tel: _____

10. _____ Relationship to the child: _____ Tel: _____

PLEASE NOTE: At the time of pick-up this person will be asked for an appropriate form of identification. This is to ensure the safety of your child(ren). There will be no exceptions to this policy.

Parent signature below acknowledges acceptance of this policy.

Parent's Signature: _____ Date: _____