Peter Pan

y Sus Amigos Preschool

Form 6

Pick Up Authorization

The individuals listed below are authorized to pick up my child, _____, from Peter Pan y sus Amigos. I understand that my child will not be released to anyone not on this list. If any person picking up my child is not on this list, I will provide written authorization to Peter Pan y sus Amigos prior to pick up time. I understand that Peter Pan y sus Amigos staff will require a valid photo id from anyone picking up my child.

Name of person authorized to pick up my child: _____

*What is the relationship? _____

_____ _____

Address City/State Zip Phone number Driver's License #

Name of person authorized to pick up my child: _____

*What is the relationship? _____

_____ _____

Address City/State Zip Phone number Driver's License #

Name of person authorized to pick up my child relationship: _____

*What is the relationship? _____

_____ _____

Address City/State Zip Phone number Driver's License #

Parent Signature: _____

Date: _____

*For annual renewal purposes only: I certify that I have reviewed this information and there are no changes.

Parent Signature: _____

Date: _____