

EARLY CHILDHOOD CENTER PERMISSION FOR PICK-UP

The following people have my permission to pick up my child, _____, from school during the entire school year:

_____ Phone: _____
_____ Phone: _____
_____ Phone: _____
_____ Phone: _____

I understand that my child will not be released to any person not designated on this form, unless written permission is provided.

Parent/Guardian _____

Date _____

Carpool Information

Name of Children in Carpool:

* _____
* _____
* _____

Carpool Schedule:

*Please list the name of the driver on the line next to the appropriate day.

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____