

ADVENTURE-LIFE PRESCHOOL

PICK-UP PERMISSION FORM

I hereby give permission for my child to leave the center with the following persons named below. It is the responsibility of the parents to notify the center, in writing, of any changes.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE</u>
_____	(Mother)	_____
_____	(Father)	_____
_____		_____
_____		_____
_____		_____

\_\_\_\_\_ X \_\_\_\_\_  
Date Signature of Parent or Guardian

If there is a separation or divorce custody problem of which we should be aware, please explain.  
\_\_\_\_\_  
\_\_\_\_\_

Names of person who may NOT pick up the child: \_\_\_\_\_  
\_\_\_\_\_