

Saint Rose Preschool Authorized Pickup List

Child's Name: _____

Parent Home Phone Number: _____

Parent Work Phone Number: _____

Parent Cell Phone Number: _____

For your child's protection, please fill out the name of authorized persons to bring or take your child to or from preschool, other than yourself. These are the only persons, other than yourself, to whom your child will be released. Please inform the authorized persons to be prepared to identify themselves to our staff. Please list parent other than one signing this form, if authorized to pick up. *Preschool rules mandate that this list is on file by the first day of school.*

Name: _____ Relationship to child _____

Phone Number _____

Name: _____ Relationship to child _____

Phone Number _____

Name: _____ Relationship to child _____

Phone Number _____

Name: _____ Relationship to child _____

Phone Number _____

Car Pool Arrangements

Name: _____ Name: _____

Name: _____ Name: _____

Please tell us what the arrangements will be: _____

Parent Name: _____

Parent Signature: _____

Date: _____