



CHILD PICKUP FORM 2019-2020

Student's Full Name: _____ Age _____

Parent/Guardian Name _____

The following people have permission to pick up my child.

1. Name _____ Relation to Child _____

Address _____ Phone _____

2. Name _____ Relation to Child _____

Address _____ Phone _____

3. Name _____ Relation to Child _____

Address _____ Phone _____

4. Name _____ Relation to Child _____

Address _____ Phone _____

5. Name _____ Relation to Child _____

Address _____ Phone _____

Note: *In the interest of safety, students will not be released to any other persons unless we are notified by you. Persons unfamiliar to Trinity Preschool Staff will need to show **proof of identification**.*

Parent/Guardian Signature _____ Date _____