

St. Barnabas Christian Preschool Pick-Up Form

I/We **AUTHORIZE** only the listed individuals below to pick up my child.

Signature of one or both parents is required.

CHILD'S NAME _____

1. Name _____ Relationship _____
Phone Number where this person can be reached _____
Address _____ City _____

2. Name _____ Relationship _____
Phone Number where this person can be reached _____
Address _____ City _____

3. Name _____ Relationship _____
Phone Number where this person can be reached _____
Address _____ City _____

4. Name _____ Relationship _____
Phone Number where this person can be reached _____
Address _____ City _____

5. Name _____ Relationship _____
Phone Number where this person can be reached _____
Address _____ City _____

To the best of my knowledge, all information contained in the registration record for my child is true and correct. I understand that it is my responsibility to notify St. Barnabas Christian Preschool if any of the information above changes.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____