

# St. Barnanbas 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. Barnanbas Christian Preschool if any of the information above changes.

Signature of  
Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of  
Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_