PERMISSION TO PICK-UP

| Child's Name | |
|---|-----------------------------|
| Teacher | |
| The people you list on this sheet are the peo- child from preschool. We must have your pe intend for someone other than those listed by | ermission in writing if you |
| 1 | - |
| 2 | - |
| 3 | |
| 4 | _ |
| 5 | - |
| The following people DO NOT HAVE PER child: 1 | - |
| Circle One: My child will will no | t ride in a carpool. |
| Other children that will be riding in the car | pool: |
| Child's Name | Teacher |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| Parent's Signature | |