Little Lamb Preschool PICK-UP FORM

Child's Name:	Today's Date:
Parent/Guardian Signature:	
The Collection adults are authorized to	miale um mare abilel Chama achael
The following adults are authorized to	pick-up my child from school:
I. Parent/Guardian (please print)	
2. Parent/Guardian (please print)	
Person(s) other than parent/guardian	authorized to pick-up my child:
I. Name (please print)	Relationship
2. Name (please print)	Relationship
3. Name (please print)	Relationship
4. Name (please print)	Relationship
5. Name (please print)	Relationship
6. Name (please print)	Relationship

In case of a last-minute change or addition, please send a note in the morning authorizing your child's release to the new person and including the dates for which permission is given.