

NEIGHBORHOOD PRESCHOOL
PERMISSION FOR ALTERNATE PICK-UP

2018-19

PLEASE UPDATE, SIGN AND COMPLETE THE NESECARY INFORMATION.

CHILD'S NAME _____.

NAME	ADDRESS	CELL AND WORK PHONE	RELATIONSHIP

PERSONS LISTED ABOVE HAVE PERMISSION TO PICKUP YOUR CHILD FROM NEIGHBORHOOD PRESCHOOL.

SIGNATURE OF PARENT OR GUARDIAN _____.

DATE _____.