



Tallmadge Christian Preschool

CHILD PICK-UP AUTHORIZATION

CHILD'S NAME _____

The following persons are authorized by the undersigned to pick up the child named above from Tallmadge Christian Preschool:

1. _____ Relationship _____ Phone _____
2. _____ Relationship _____ Phone _____
3. _____ Relationship _____ Phone _____
4. _____ Relationship _____ Phone _____
5. _____ Relationship _____ Phone _____
6. _____ Relationship _____ Phone _____

I understand that my child will only be released to one of the above listed individuals after they have presented proper identification and signed the child release form. I further understand that my child will not be released to anyone else unless written instructions have been given by me to the Director, or the Director's designee.

Parent/Custodian/Guardian Signature # 1 Date

Parent/Custodian/Guardian Signature # 2 Date

*Children who are under a court ordered Shared Parenting Plan
MUST have both parents' signatures*