



Tallmadge Christian Preschool Student Pick-up Authorization

Student's Name _____

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

Name	Relationship	Phone Number

I understand my child will only be released to one of the above listed individual after they have presented proper identification. I further understand my child will not be released to anyone else unless written instructions have been given by me to the director and/or teacher.

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

Parent/Guardian signature #1

Date

Parent/Guardian signature #2

Date