



**Sharonville UMC Preschool**  
**3751 Creek Road, Sharonville, OH 45241**  
 513-563-8278  
 sharonvillepreschool.org



Senior Pastor  
 Rev. Clara Kwon

Preschool Director  
 Alyson Land

## PERSONS AUTHORIZED TO PICK UP CHILD

Child's Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

I give permission to the people listed above to transport my child to and from Sharonville UMC Preschool.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_