

SUMC Preschool

Persons Authorized To Pick Up Child

Child's Name _____ Date of Birth _____

Name _____

Name _____

Relationship to child _____

Relationship to child _____

Address _____

Address _____

City _____

City _____

State _____ Zip Code _____

State _____ Zip Code _____

Phone (_____) _____ - _____

Phone (_____) _____ - _____

Name _____

Name _____

Relationship to child _____

Relationship to child _____

Address _____

Address _____

City _____

City _____

State _____ Zip Code _____

State _____ Zip Code _____

Phone (_____) _____ - _____

Phone (_____) _____ - _____

I give permission for the persons listed above to transport my child to and from SUMC Preschool.

Parent/Guardian signature _____ Date _____

This form is to be initialed and dated annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes noted. If significant changes are needed, please complete a new form.

Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
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