



**Wildwood Park District Preschool
Authorization for Pick-Up Form**

Please Print:

I _____, as parent/guardian of _____, hereby authorize the following persons to pick up my child from Schoolhouse Adventures Community Preschool at any given date. I hereby agree to inform the following persons that a photo ID will be required in order to pick up my child.

Please Print:

	<u>Name:</u>	<u>Home Phone:</u>	<u>Cell Phone:</u>	<u>Relationship:</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

Persons Permitted to Pick-Up Child Include:

Mother Yes No Mother's Name: _____

Father Yes No Father's Name: _____

Guardian Yes No Guardian's Name: _____
(if not mother or father)

Persons NOT Permitted to Pick-Up Child Include:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I hereby agree that if the above authorization for pick-up of my child changes, I shall immediately contact Wildwood Park District and submit a revised authorization form.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Parent/Guardian's Phone Number: _____