

Pick-up Authorization Form

Child's Name : _____

Class (3's/4's) : _____

I authorize the staff of Cordova Bay Preschool, to release my child to any of the persons listed below:

Signature of Parent/Guardian

Date

Name	Relationship to Child
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	