



Wee
Disciples
Preschool

Parent Authorization for Child Pick-Up 2023-24

I give my authorization for _____ to be picked up by:
Child's Name

***Please include parents' names on the list.

- | | | | |
|----|-------|-----------------------|--------------|
| 1. | _____ | _____ | _____ |
| | Name | Relationship to Child | Phone Number |
| 2. | _____ | _____ | _____ |
| | Name | Relationship to Child | Phone Number |
| 3. | _____ | _____ | _____ |
| | Name | Relationship to Child | Phone Number |
| 4. | _____ | _____ | _____ |
| | Name | Relationship to Child | Phone Number |
| 5. | _____ | _____ | _____ |
| | Name | Relationship to Child | Phone Number |
| 6. | _____ | _____ | _____ |
| | Name | Relationship to Child | Phone Number |
| 7. | _____ | _____ | _____ |
| | Name | Relationship to Child | Phone Number |
| 8. | _____ | _____ | _____ |
| | Name | Relationship to Child | Phone Number |

_____	_____
Signature of Mother/Father/Guardian	Date