



Family Name: _____

AUTHORIZED PICK-UP LIST

Please list below those who will be picking up your child on a regular/daily basis only.

1. _____
2. _____
3. _____
4. _____

If there is anyone else (other than who is listed above) that will be picking up your child/children at any other time, you will need to notify the office via telephone or written note specifying who you are authorizing to pick up for that day.

Thank you for your cooperation.