

AQUIN PRE-SCHOOL CAMPUS

PICK-UP PERMISSION FORM

CHILD'S FULL NAME _____

I/WE hereby give permission for my/our child to leave the Aquin PreSchool Campus with the following persons named below. It is my/our responsibility to notify the center, in writing, of any changes.

| NAME | PHONE NUMBER | RELATIONSHIP |
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If there is a separation or divorce custody problem of which we should be aware, please explain.

Names of persons who may **NOT** pick up my/our child:

I/WE understand that a late fee of \$5.00 will be charged in the event that I/WE am/are late picking up my/our child ten minutes or more past the dismissal. Continued late pick up will require a parent conference.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date