

Permanent Pick-Up Permission Form

Child's Name _____

Class _____

I give my permission for _____ to pick up my child anytime from
Methodist Nursery School for the 2015-2016 school year

The emergency contact phone # for this person:

Parent's Name _____

Parent's Signature _____

Date _____

If you have more than one person to give permission to pick up your child,
please list them below:

Name _____

Contact Info _____

Name _____

Contact Info _____

Name _____

Contact Info _____

Name _____

Contact Info _____

