

Methodist Nursery School



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 2024-2025 school year

The emergency contact phone # for this person and town of residence:

Contact # _____ Town of Residence _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

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

Name _____

Contact # _____ Town of Residence _____

Name _____

Contact # _____ Town of Residence _____

Name _____

Contact # _____ Town of Residence _____