



Great Beginnings Preschool Pick-up Authorization

The following people are authorized to pick up my child from Great Beginnings Preschool. I understand my child will be allowed to leave with these individuals only.

Child's Name: _____

(Parents/Guardians, please include yourselves)

Authorized Person #1 _____

Address _____

Phone # _____ Relationship _____

Authorized Person #2 _____

Address _____

Phone # _____ Relationship _____

Authorized Person #3 _____

Address _____

Phone # _____ Relationship _____

Authorized Person #4 _____

Address _____

Phone # _____ Relationship _____

*Name of persons NOT allowed to pick up my child:

Appropriate paperwork, such as a divorce decree, shall be attached if a parent is not allowed to pick up the child.

Parent/Guardian Signature: _____ Date: _____