

# Child Care Pick-Up Permission Form

Child's Name (First, Last)	DOB	Age

**Dear Parents/Guardians,**

Please list any relatives, friends & babysitters who might be picking up your child from Little Bucs Preschool at Red Bank Regional High School. Under NO circumstances will the child be released to anyone other than those listed below without WRITTEN permission from the parent. By signing this form, you agree that all of the information provided here is correct. Please notify us of any changes.

**Also, please provide a photograph of your child with the persons you have identified as having permission to pick up your child. Thank you!**

**Name of persons given your authority to pick up your child:**

1.Name\_\_\_\_\_DL# :\_\_\_\_\_Relation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2.Name\_\_\_\_\_DL# :\_\_\_\_\_Relation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3.Name\_\_\_\_\_DL# :\_\_\_\_\_Relation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

1.Parent/Guardian's Signature	Date
2.Parent/Guardian's Signature	Date