Peace Preschool Authorization for Transportation

I authorize the following person(s) to pick up my child from preschool. I understand it is my responsibility to notify the preschool in writing of any changes. Your child will be released only to the individuals listed below and individuals listed on your Child Enrollment and Health Form under Emergency Contacts unless a signed written note and/or email has been provided to your child's teacher. Please notify the people on your list as well as anyone you authorized in a written note that photo ID will be asked for by the teacher prior to releasing your child.

(Please Print)

STUDENT'S NAME:_____

PARENT/GUARDIAN NAME:_____PHONE#_____

PARENT/GUARDIAN NAME:_____PHONE#_____

1. Name:_____phone:_____Relationship:_____

   What does your child call this person?_____

2. Name:_____phone:_____Relationship:_____

   What does your child call this person?_____

3. Name:_____phone:_____Relationship:_____

   What does your child call this person?_____

(Please check if applies)

_____ I have given a copy of legal custody papers to the preschool office which indicate the following biological parent/guardian MAY NOT pick up the child listed. _____

Will your child attend Parent's Day Out on Fridays?_____. If yes, I give PDO teachers permission to pick up my child and walk them to the PDO or Preschool room.

I do here authorize Peace Preschool to release my child to the above listed people in event I am unable to pick up my child myself. I release Peace Preschool from any and all responsibility for problems that may develop when such persons take my child from the premises.

Signature of Parent/Legal Guardian:_____ Date:_____