

Austin Avenue Preschool

Approved Pick Up List

I hereby authorize Austin Avenue Preschool to allow my child, _____, to leave the facility **ONLY** with the following persons. Please list name and telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

To whom my child may NOT be released:

Name _____ Phone # _____

Name _____ Phone # _____

Parent Signature _____

Date _____