



NEW CITY SCHOOL PRE-SCHOOL CHILD PICK-UP FORM

Student Name _____

Address _____

Age _____

The following people have permission to pick up my child.

1. Name _____ Relation to the child _____

Address _____ Phone _____

2. Name _____ Relation to the child _____

Address _____ Phone _____

3. Name _____ Relation to the child _____

Address _____ Phone _____

4. Name _____ Relation to the child _____

Address _____ Phone _____

Note: *In the interest of safety, students will not be released to any persons unless we are notified by you. Persons unfamiliar to staff will need to show proof of identification.*

Identification needs to be shown if other than parent/guardian

Parent/Guardian Signature _____ Date _____