## Preschool PICK-UP AUTHORIZATION FORM

	DOB: AGE: City: Zip:
Address 2 (if applicable):	
(Contact this parent first)	(Contact this parent second)
Parent Name:	
Work Phone: Cell Phone:_	Work Phone: Cell Phone:
Employer:	
Address:	Address:
Email:	Email:
	aining orders, or any other information of which we should be aware? If so,
l,	authorize the following named persons to
(Legal Parent or Guardian)	
pick up	from Zion Lutheran School. Child's Name)
above named child from the Signature of Parent/Guardia	•
Date:	
	entify one of the persons named below by sight, we may require proof of
identity to be shown. If identification	
identity to be shown. If identification leave until the situation is resolved by The safety of your child is very impor	cannot be produced in such a situation, your child will not be allowed to that person obtaining identification or through a phone call to you. ant to us. We want to thank you, in advance, for your understanding and
identity to be shown. If identification leave until the situation is resolved by The safety of your child is very impor cooperation in helping us keep all the	cannot be produced in such a situation, your child will not be allowed to that person obtaining identification or through a phone call to you. ant to us. We want to thank you, in advance, for your understanding and children as safe as possible.
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