



**SETON CATHOLIC PRESCHOOL
PEOSTA CENTER**
Authorized to Pick Up Student

I hereby give permission for my child to leave the center with the following persons named below. It is the responsibility of the parents to notify the center, in writing, of any changes.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE #</u>
_____	(Mother)	_____
_____	(Father)	_____
_____		_____
_____		_____
_____		_____

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

I understand that by checking this box, I acknowledge and agree to the terms above in the AUTHORIZED TO PICKUP STUDENT.

If there is a separation or divorce custody problem of which we should be aware, please explain.

NAMES OF PERSON (S) WHO MAY NOT PICK UP YOUR CHILD:
