

# Elgin Mini Maroons Preschool Program Pick Up Authorization

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

To ensure your child's safety at pick up time, please list the names and contact information of the people that we may allow to pick up your from preschool.

**As the parent or legal guardian of this child, I (we) give Mini Maroons Preschool permission to release the child to the listed individuals submitted on this form including us if our signature is below.**

\_\_\_\_\_  
Mother/Guardian Signature

\_\_\_\_\_  
Father/Guardian Signature

*(If parent's signature is missing from above, I cannot release the child to that parent)*

Please Print all other individuals below who are allowed to pick up your child:

1: Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

2: Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

3: Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

4: Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_