

**Windsor Christian Preschool
Pick-up Authorization Form**

Child's Name _____

Child's Class (circle one): **Twos** **Threes** **Young Fours** **Fours** **Fives**

I authorize the following person(s) to pick-up my child from preschool. I understand that it is my responsibility to notify the preschool, in writing, of any changes. **Please include both parents.** Your child will be released only to the individuals listed below **unless a written note** has been provided to your child's teacher.

Name	Cell phone
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Parent Signature _____ Date _____