

**WINDSOR CHRISTIAN PRESCHOOL  
Pick-up Authorization Form**

**Child's Name** \_\_\_\_\_

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. A request for identification may be asked if necessary.

Name

Cell phone

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**Parent/Legal Guardian's Signature**

**Date**

**WINDSOR CHRISTIAN PRESCHOOL  
Photo Permission**

Throughout the year, Windsor Christian Preschool students are photographed at school events. These pictures may be used in school publications distributed to families, members of the community and/or media for promotional and informational purposes. The pictures may be included on the school web site to illustrate Windsor programs or events.

**I give my permission for my child's picture to be published in any media publication.**

**Child's Name** \_\_\_\_\_

**Parent/Legal Guardian's Signature**

**Date**