



Bascomb Preschool Pick-Up Authorization Form

Student Name _____

Both parents allowed to pick up? Yes _____ No _____

I authorize the following persons to pick up my child from Bascomb Preschool.

Name: _____

Address: _____

Phone: _____

Relationship to child: _____

Name: _____

Address: _____

Phone: _____

Relationship to child: _____

Name: _____

Address: _____

Phone: _____

Relationship to child: _____

Name: _____

Address: _____

Phone: _____

Relationship to child: _____

Parent Signature: _____ Date _____