



Wee Three Kings Preschool

DROP-OFF/PICK-UP AUTHORIZATION

The following are persons authorized to pick up my child, _____.
(Full Name of Child)

1. Name _____ Relationship _____
Address _____ Phone Number _____
2. Name _____ Relationship _____
Address _____ Phone Number _____
3. Name _____ Relationship _____
Address _____ Phone Number _____
4. Name _____ Relationship _____
Address _____ Phone Number _____

The following persons may never pick up my child:

Please notify Wee Three Kings Preschool, in writing, if there are any changes in the above information.

Signature

Date