

Weekday Christian Preschool Of First United Methodist Church

Child's Name: _____

Please list the names/relationship below of those people who have your permission to pick up you child. We ask that you please either call or send a note in notifying the permission. Individuals on this list will need a valid picture ID in order to verify their identity. We can only release children to individuals age 16 and up.

Parent/Guardian's Name: _____

Parent/Guardian's Name: _____

Name/Relationship: _____

Name/Relationship: _____

Name/Relationship: _____

Name/Relationship: _____

Name/Relationship: _____

Name/Relationship: _____

Name/Relationship: _____