

STUDENT'S NAME: _____

PARENT PICK-UP RELEASE FORM

To better ensure the safety of your child, we are asking that all parent/guardians fill out this Pick-Up Release Form. We realize there may be times when someone other than you may have to pick up your child at school.

Please complete the bottom part of this form and return it to LEAP Preschool. **If we do not know the person coming to pick up your child we will ask for identification. If the person coming is not on the list, we will not release your child to that person.**

We still ask, when possible, you write a note or call the school if there is someone other than you picking up your child or there is a change in the pick up routine.

It is **VERY IMPORTANT** to keep this list updated with any changes during the year.

Please list all people, **including yourself**, who are permitted to pick up your child. **Your designated Pick-Up person should be within a reasonable distance (about 15 min away) so that your child can be picked up in a timely manner.**

<u>NAME & PHONE #</u>	RELATIONSHIP TO CHILD
Ex: Mary Smith 201-555-5555	Neighbor
Date:	
<u>Parent/Guardian Signature:</u>	