PICK-UP PERMISSION

St. Mark's Pre-School
100 Peachblossom Road
Easton, MD 21601
410-822-0078

I hereby give permission for _____ to pick-up my child(ren) on _____ from the Pre-School classroom(s).
Name date

Parent: _____
Printed Name Signature Date

Child's Name: _____ Teacher's Name: _____

Child's Name: _____ Teacher's Name: _____

I hereby give permission for the following individuals to pick-up my child(ren), as identified above, on an on-going basis throughout the school year as a results of an established agreement between the individuals and myself.

Parent: _____
Printed Name Signature Date

Authorized Person(s): _____ Relation: _____
Printed name e.g., grandparents, carpooling

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