

Child Steps Preschool & Kindergarten

Pick Up Authorization Form

Child's Name: _____

The following individuals are authorized to pick-up my child:

| | |
|-------|--------------|
| _____ | _____ |
| Name | Relationship |

| | |
|-------|--------------|
| _____ | _____ |
| Name | Relationship |

| | |
|-------|--------------|
| _____ | _____ |
| Name | Relationship |

| | |
|-------|--------------|
| _____ | _____ |
| Name | Relationship |

Parent/Guardian Name _____ Date _____

Parent/Guardian Signature _____