

PRESENTATION BVM PRESCHOOL

PRESCHOOL PROGRAM
PICK UP FORM

Name of Child _____

Grade _____ Room _____

Days at Preschool: Daily Only: M, T, W, Th, F. Varies

My child may be picked up by: (fill in as many as needed)

Name _____ Relationship _____
Phone No. _____

Name _____ Relationship _____
Phone No. _____

Name _____ Relationship _____
Phone No. _____

Name _____ Relationship _____
Phone No. _____

Name _____ Relationship _____
Phone No. _____

- If there are custody issues please indicate by checking the box
- My child may not be picked up by _____
under any circumstances.

I have read and agree to the school policy as laid out in the Preschool handbook.

Parent Signature: _____