

Vinemont Christian Academy School and Daycare

PERMISSION TO PICK UP:

Child/Children's Name: _____

The person and or people listed have my permission to pick up my child/children.

1. _____ Phone # _____ Relation: _____

2. _____ Phone# _____ Relation: _____

3. _____ Phone# _____ Relation: _____

4. _____ Phone# _____ Relation: _____

For safety reasons, we reserve the right to ask for an ID, and to call you the parent/guardian regarding anything questionable.

Parent's/Guardian Signature: _____

Date: _____

Please let staff know ASAP if any of these names need to be updated or removed.