



## Pick-up Authorization

Please indicate the people authorized to pick your child up from UPK. We will keep this form in the classroom and will refer to it when necessary. As the year progresses please let us know if you need to make any additions or modifications to your list and we can easily pull this form for you to do so. Thanks!

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship to child \_\_\_\_\_