

St. Raphael Preschool Permission to Pick Up

(If anyone other than a parent/guardian is picking up your child, we must have your permission in writing.)

The Following people have my permission to pick up _____
(child's name)
from St. Raphael Preschool at any time during the 2018-2019 school year.

Name of Person picking up	Phone Number/Relationship to child

Child's Classroom: _____ Parent/Guardian Name: _____

Signature: _____ Date: _____

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