

The International Preschool of Warsaw  
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### PICK- UP AUTHORIZATION FORM

Please provide the names of persons (18 years of age or older) authorized to pick-up your child at preschool. If there is a change in your normal routine, please *send a note* or *call the Director* to verify the change.

Name of Child: \_\_\_\_\_

Class: \_\_\_\_\_

The following people have our permission to pick-up our child at preschool:

Babysitter: \_\_\_\_\_

Carpool: \_\_\_\_\_

Driver/Taxi: \_\_\_\_\_

Friend: \_\_\_\_\_

Relative: \_\_\_\_\_

**WE WILL NOT RELEASE A CHILD INTO THE CARE OF ANY PERSON NOT LISTED WITHOUT WRITTEN PERMISSION OR AUTHORIZATION FROM A PARENT. IN ADDITION, CHILDREN WILL NOT BE RELEASED TO ANYONE UNDER THE AGE OF 18 AT ANY TIME.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date