

**APPENDIX B14
ALDRICH MEMORIAL NURSERY SCHOOL
CHILD PICK-UP PERMISSION SLIP**

The following persons have permission to pick up my child, _____
Child's name

Name of Parent(s) or Guardian(s) who have permission to pick up my child.

Name Phone Number

Name Phone Number

Emergency Contact Names (as listed on Enrollment Form) who have permission to pick up my child.

Name Phone Number

Name Phone Number

Additional persons who have permission to pick up my child: carpool drivers, sitters, daycare providers, etc.

Name Phone Number

Name Phone Number

Name Phone Number

I understand that anyone picking up my child is responsible for signing out the child with his/her teacher(s).

Parent's signature Phone number Date

CARPOOL INFORMATION

Children who attend Aldrich who are in my child's carpool. Please include the room number the children are in, along with their parent's name and phone number.

Child's name Room # Parent's name and phone

Child's name Room # Parent's name and phone

Child's name Room # Parent's name and phone