



# SAINT JOHN the EVANGELIST CATHOLIC PRESCHOOL

## Pick up Authorization

I (Parents Name) \_\_\_\_\_ hereby grant permission for  
\_\_\_\_\_ to be transported to and from the preschool  
by the person/persons listed below.

Please include names of all carpool drivers and any neighbors or relatives who are authorized to pick up your child from school.

Names

Phone Numbers

_____	_____
_____	_____
_____	_____
_____	_____

Names of persons not legally authorized to pick up your child.

\_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*The staff will require a picture ID from individuals with whom we are not familiar.**