



Release/Pick-up Authorization Form

I authorize the persons listed below to pick-up my child from the Village Cooperative Nursery School. I will update this list at the bottom if I need to add any persons to my child's list for pick-up. I will also notify the teachers if I need to remove an individual from this list.

Please include the names of both parents/guardians on this list.

Name: _____ **Phone:** _____ **Relationship:** _____

Name: _____ **Phone:** _____ **Relationship:** _____

Name: _____ **Phone:** _____ **Relationship:** _____

Name: _____ **Phone:** _____ **Relationship:** _____

Name: _____ **Phone:** _____ **Relationship:** _____

Name: _____ **Phone:** _____ **Relationship:** _____

Name: _____ **Phone:** _____ **Relationship:** _____

Name: _____ **Phone:** _____ **Relationship:** _____

The following are additions to my child's list for pick-up:

Name: _____ **Phone:** _____ **Relationship:** _____

Name: _____ **Phone:** _____ **Relationship:** _____