

## **Esther Jetter Preschool Authorized Pick Up List**

Child's Name \_\_\_\_\_

Parents/Guardians: Please list all people (**including yourself**) who are authorized to pick up your child from Esther Jetter Preschool.

Name of Authorized Person	Phone Number	Relationship to Child

Please Note: Under no circumstances will your child be released to anyone unknown to school personnel without parent/guardian's authorization.

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

Date: \_\_\_\_\_

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