

2010-2011
OUR LADY OF THE ELMS
DAILY AUTHORIZATION FORM
CHILD PICK-UP

Please list the name or names of persons who will be picking up your child/children from school or our After School Program. If at any time you will find it necessary to change any name, please contact the school office immediately.

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

Unless a call or note has been received by us, ONLY the above named persons will be permitted to pick up your child/children.

Your child's(ren's) name(s): _____

Parent/Guardian Signature

Date