



**Genoa  
Christian  
Academy**

## **PERMISSION TO PICK UP FORM**

**Child's Name:** \_\_\_\_\_

Please indicate any additional people who are authorized to pick up your child from Genoa Christian Preschool.

### **Primary Contacts (Parents/Guardians)**

|   | <b>Name</b> | <b>Address</b> | <b>Phone number</b> | <b>Relationship</b> |
|---|-------------|----------------|---------------------|---------------------|
| 1 |             |                |                     |                     |
| 2 |             |                |                     |                     |

### **Emergency Contacts**

|   | <b>Name</b> | <b>Address</b> | <b>Phone number</b> | <b>Relationship</b> |
|---|-------------|----------------|---------------------|---------------------|
| 1 |             |                |                     |                     |
| 2 |             |                |                     |                     |
| 3 |             |                |                     |                     |
| 4 |             |                |                     |                     |
| 5 |             |                |                     |                     |

Please remind the authorized person that he/she must present identification that will be checked by your child's teacher.

**Parent/Guardian Signature** \_\_\_\_\_

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