



# COLUMBIA HEIGHTS PRESCHOOL

## Student Pick-Up Authorization



Student's Name \_\_\_\_\_

I only authorize my child's legal parents/guardians to pick-up my child.

I authorize the below listed adults (must be 18 years of age) to pick-up my child.

*\*Individual must present a valid ID\**

\_\_\_\_\_  
Name/Relationship Phone # Email

\_\_\_\_\_  
Name/Relationship Phone # Email

\_\_\_\_\_  
Name/Relationship Phone # Email

\_\_\_\_\_  
Name/Relationship Phone # Email

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

