

BROOKVIEW

community preschool

In addition to those named on my child's original Registration Form, I hereby authorize the following person(s) to pick up my child from Brookview Community Preschool.

CHILD'S NAME:

Name:

Phone Numbers:

Home:

Work:

Cell:

Address:

Relationship to Child:

Name:

Phone Numbers:

Home:

Work:

Cell:

Address:

Relationship to Child:

PARENT SIGNATURE:

DATE:

