

# Greenwich Christian Preschool

## ALTERNATE PICK UP AUTHORIZATION FORM

Child's Name (one form per child please): \_\_\_\_\_

Authorized Individual's Name	Authorized Individual's Phone #	Date(s) of Pickup (eg. "All school year 2019-20" or specific date)	Is this person listed as an emergency contact on your child's enrollment form (Y/N)?

*Please inform your alternate pick-up person of the procedures & ensure they have a name card (handwritten ok).*

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Phone #: \_\_\_\_\_ Date: \_\_\_\_\_