



LITTLE TREASURES PRESCHOOL

PERMISSION TO PICK-UP MY CHILD FROM PRESCHOOL & EMERGENCY CONTACTS

The people listed below, **along with legal parents/guardians**, are authorized to pick my child up from Little Treasures. I also authorize Little Treasures' personnel to contact the people listed below in case of emergency. (WE CANNOT LET YOUR CHILD LEAVE WITH ANYONE NOT ON THIS LIST!)

Parent Signature: _____ **Date:** _____

Name: _____ Relationship to Child/Family: _____
Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

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Address: _____
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