



10 N. Water St., South Elgin, IL 60177
Phone: (847) 622-0003; Fax: (847) 622-0462

Pick-up Permission Form (Preschool Pals Program)

Participant Name _____

Participant Class : circle one

- | | | | |
|-------------------|--------------------|--------------------|--------------------|
| 4s- MWF AM | 4s- MWF PM | 4s- TThF AM | 4s- TThF PM |
| 3s- MW AM | 3s- MW PM | 3s TTH AM | 3s- TTH PM |
| Intro | Star Gazers | | |

AUTHORIZATION FOR PICK-UP

All persons listed below are authorized to drop off and pick up my child from preschool.

Name _____

Phone _____

Name _____

Phone _____

Name _____

Phone _____

Please sign below acknowledging you have read and understand the SE Preschool Pals Handbook

Name

Date