



20 Ivy Brook Road 100 Mona Terrace
Shelton, Ct. 06484 Fairfield, Ct. 06824
(203) 402-0334 (203) 259-1327
fax: (203) 924-2555 fax: (203)259-7908
www.achildsgarden.net

OPTIONAL ALTERNATE PICK-UP PERMISSION FOR _____ Rm _____

WE GIVE PERMISSION FOR THE FOLLOWING PEOPLE TO PICK UP MY CHILD AT ANY TIME:

Name _____ Telephone# _____ Relationship _____

1 _____

2 _____

3 _____

4 _____

5 _____

PARENTS PLEASE NOTE:

1. A picture ID is required for anyone picking up your child.
2. In the event that any of the approved persons come in to pick up your child, we will release your child to them, provided they have proper identification as they have already been pre-approved by your signature below. However, we would prefer prior notification as an extra precaution.
3. If there is any change in this pick-up agreement it is the parent's responsibility to notify the school of the change.

I have read and agree to the requirements to allow the above person(s) to pick up my child at any time.

Parents Signature: _____ Date: _____

No one will be allowed to pick up your child without prior written permission and a photo ID.