



LADYBUG PRESCHOOL

**Bettendorf Presbyterian Church
1200 Middle Road
Bettendorf, Iowa 52722**

Pick-up Permission Form

Child's Full Name _____

I hereby give permission for my child to leave the center with the following persons named below. It is the responsibility of the parents to notify the center, *in writing*, of any changes.

| Name | Contact Number | Relationship |
|-------|----------------|---|
| _____ | _____ | Mother |
| _____ | _____ | Father |
| _____ | _____ | Emergency Care Person (See Medical Consent Form) |
| _____ | _____ | Usual Drop-off Person |
| _____ | _____ | Usual Pick-up Person |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

(Date)

(Signature of Parent or Guardian)

If there is a separation or divorce custody problem of which we should be aware, Please explain.

Names of persons who **may not** pick up the child.

