

Our Lady of the Assumption Preschool Authorized Pick Up Addition/Change Form

I give consent for the following person(s) to pick up	my child,	, fron
OLA Preschool. I understand that it is my responsibi	lity to inform all authorized persons	s of the carpool
procedures and times including any changes that may	occur due to special events on the	campus. I
further understand that no child will be released to a	caregiver without a proper car seat	and any late fee
incurred by authorized persons will be charged to my	Tuition Express account. It is also	o my
responsibility to inform the preschool if, at any time,	the persons listed below are no lon	nger permitted to
pick up my child.		
Please attach a copy of a valid driver's license for each	ch person listed below.	
Individual authorized to pick up my child(ren):		
Name		
Contact Number		
Individual authorized to pick up my child(ren):		
Name		
Contact Number		
Parent Name		
Signature	Date	
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