



PICK-UP PERMISSION AND AUTHORIZATION FORM

Child's Name: _____

The following people may pick up my child from Hinesburg Nursery School during the school year:

1. _____
2. _____
3. _____
4. _____
5. _____

The following people **MAY NOT** pick up my child:

1. _____
2. _____

Parent or Guardian signatures:

_____ Date: _____

_____ Date: _____