



## 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: \_\_\_\_\_