PERMISSION TO TRANSPORT

I give the following people permission to pick up my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from St. James Preschool.

 (child’s first and last name)

# NAME RELATIONSHIP TO CHILD

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent’s signature Date



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