

**TRINITY PRESCHOOL**  
745 Little Neck Road, Virginia Beach, VA 23452  
(757) 340-2840

**Child's Name:** \_\_\_\_\_

**PICK-UP PERMISSION AUTHORIZATION:**

Other than the parents, please list others who are authorized to pick up your child. Only those on this list will be allowed to pick up your child. *Their identification will be verified.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Daytime #:** \_\_\_\_\_ **cell #** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_  
.....

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Daytime #:** \_\_\_\_\_ **cell #** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_  
.....

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Daytime #:** \_\_\_\_\_ **cell #** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_  
.....

**UNAUTHORIZED:** *Please list any persons not authorized to pick up your child.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

.....

\_\_\_\_\_  
Parent's Signature                      Parent's Printed Name                      Date

\_\_\_\_\_  
Parent's Signature                      Parent's Printed Name                      Date