



### Pick-Up Authorization Form

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**The following people are authorized to pick up my child (children) from school:**

Name Julia Fein Relationship to child teacher  
Name Nina Fein Relationship to child teacher  
Name Alexander Brook Relationship to child teacher

Parent Name \_\_\_\_\_ Date \_\_\_\_\_  
Parent Signature \_\_\_\_\_