

**AUTHORIZATION FOR PICK-UP FORM**  
**2018-2019 School Year**

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The following people are allowed to pick-up my child from the Lancaster City Preschool.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent / Guardian's Signature

<b>Name</b>	<b>Relationship</b>	<b>Driver's License # or Photo of the person. (Please staple to this form)</b>

**\*Please include parent(s) on the pick-up form**