

Pick-Up Authorization

Mentor United Methodist Preschool
8600 Mentor Avenue
Mentor, Ohio 44060
440-255-3496 ext. 113

Student Name: _____ Date: _____

Parent/Guardian Signature: _____

The following people are permitted to pick up my child from school:

Name:	Relationship to Child:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

*Please note individuals that we do not recognize will be asked to present identification.

The following people are NOT allowed to pick up my child from school:

Name:	Relationship to Child:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____