

Pick-Up Information

Please DO NOT include yourself or spouse

Person(s) whom I authorize to pick up my child:

- | | | | |
|----|-------|-------------------|------------|
| 1. | _____ | Relationship_____ | Phone_____ |
| 2. | _____ | Relationship_____ | Phone_____ |
| 3. | _____ | Relationship_____ | Phone_____ |
| 4. | _____ | Relationship_____ | Phone_____ |
| 5. | _____ | Relationship_____ | Phone_____ |

Learning Disabilities

Please see the information and Policy Handbook regarding students with learning disabilities. By initialing, you agree that you will read and understand Bright Beginnings Preschool's policy regarding learning disabled and/or ADD/ADHD students. If your child has such disabilities, you will need to make an appointment with the teacher to discuss the details before enrollment.

Parent Initials_____
