2023-2024 PICK-UP AUTHORIZATION

| I grant permission for the following | |
|---|---|
| | mothy's Preschool. Children will not be released |
| Chile | d's Name |
| Authorized Person(s): | Relationship to Child: |
| | |
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| | |
| | Authorization |
| I agree that St. Timothy's Preschool staff may and for any lawful purpose, including for exambulletin and Web content. | use photographs of my child without their name mple such purposes as publicity, illustration, |
| I have read and understand the above: | |
| Parent's Signature | Date |
| Mom's Cell #: Dad's Cell #: | |