

ST. ALBAN'S PRE-SCHOOL
1 Church Lane, Oakland, NJ 07436
(201) 337 - 5928 * FAX (201) 651 - 9486

I have read and received a copy of the "Information to Parents" statement prepared by the Office of Licensing – Youth and Family Services in the Department of Human Services.

(Date)

(Parent's Signature)

AUTHORIZATION FOR CHILD PICK-UP

I authorize the following people to pick up my child from St. Alban's Pre-School. All others must present a written request from me for my child to be discharged into their hands, and such in writing absolves St. Alban's Pre-School from responsibility after the child leaves the school. All written request will remain on file at the school. St. Alban's Pre-School has the right to verify identification by asking for proof, such as a driver's license.

(Date)

(Parent's Signature)

Name: _____

Address: _____

Relationship to Child: _____

Name: _____

Address: _____

Relationship to Child: _____

Name: _____

Address: _____

Relationship to Child: _____

Name: _____

Address: _____

Relationship to Child: _____