

2025-2026 PICK-UP AUTHORIZATION

I _____ grant permission for the following person(s) to transport my child to/from St. Timothy's Preschool. Children will not be released to unauthorized persons.

Child's Name

Authorized Person(s):

Relationship to Child:

Authorized Person(s):	Relationship to Child:

Pick-Up # Issued _____

Photo Use Authorization

I agree that St. Timothy's Preschool staff may use photographs of my child without their name and for any lawful purpose, including for example such purposes as publicity, illustration, bulletin and Web content.

I have read and understand the above:

Parent's Signature

Date

Mom's Cell #: _____

Dad's Cell #: _____