

**St. John's Preschool**  
**2018-2019 Pick-Up Authorization Form**

stjohnspreschoolnaperville.org

750 Aurora Avenue Naperville, IL 60540

630-355-1669

I, \_\_\_\_\_, authorize the following persons to pick up my child,  
(Parent/Guardian)

\_\_\_\_\_, from St. John's Preschool.  
(Child's Name)

**Please fill out completely to include carpool drivers:**

**Name** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Name** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Name** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Name** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_