



East Hampton Nursery School
P.O. Box 135, 111 Main Street
East Hampton, CT. 06424
(860) 267-2681

PICK UP AUTHORIZATION FORM

I, _____, give permission to the following people to pick up my child, _____, from East Hampton Nursery School at any time. I understand that the individuals listed below must be prepared to show identification. I understand that the first person listed below must be my child's emergency contact as noted on the Application for Enrollment and he/she **must be a local resident**.

<u>Name</u>	<u>Relationship</u>	<u>Phone #</u>
(Emergency Contact)		
1) _____		Home: _____ Cell: _____
2) _____		
3) _____		

_____	_____
Parent Signature	Date

**If possible, please notify the staff in advance if someone other than the parent will be picking up the child.

Rev. 4/11