



**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.

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