



17 Greenwich Church Road
Stewartsville, NJ 08886
Phone 908-479-6886 • Fax 908-479-4269
www.greenwichnursery.com

2018-2019 Authorization for Pick Up

Child's Name: _____

Please fill out the form below relating to those persons authorized to pick up your child from school. If it is ever necessary for someone *other than those listed* to pick up your child you must fax us written authorization in order for us to release your child. Please be aware that the person will be asked to provide current/valid photo identification. **Parents must be listed.**

If there are any custody issues we must have legal documentation with regard to who can pick up your child and on what days.

Please provide contact information for **at least 3 individuals** who can pick up your child *within a half hour* in case of an emergency.

1.) Name: _____

Address: _____

Phone: _____ Cell: _____

Relationship to Child: _____

2.) Name: _____

Address: _____

Phone: _____ Cell: _____

Relationship to Child: _____

3.) Name: _____

Address: _____

Phone: _____ Cell: _____

Relationship to Child: _____

Use the back, if more space is needed.