



Pick-Up Authorization Form

I authorize Covenant United Methodist Preschool (CUMP) to release my child to the following person:

Child's Name: _____

Parent/Guardian: _____ Date: _____

Name: _____
Address: _____
City/State/Zip _____
Phone: _____ Cell: _____
Relationship: _____

Name: _____
Address: _____
City/State/Zip _____
Phone: _____ Cell: _____
Relationship: _____

Name: _____
Address: _____
City/State/Zip _____
Phone: _____ Cell: _____
Relationship: _____

Name: _____
Address: _____
City/State/Zip _____
Phone: _____ Cell: _____
Relationship: _____