

Cheverly UMC's
**WEEKDAY
NURSERY**



AUTHORIZATION
TO PICK UP CHILDREN

The following people have authorization to pick up my children:

Child name _____

Child name _____

Parent name _____

Parent name _____

I give Authorization to the following people to pick up the above named children:

1. _____

Relationship to child _____

2. _____

Relationship to child _____

3. _____

Relationship to child _____

4. _____

Relationship to child _____

Signature of authorized parent _____

Date: _____