

CENTRAL CHRISTIAN ACADEMY PRESCHOOL CONSENT FORM

Child's Name _____
(Last) (First) (Middle)

The following persons are authorized to pick up my child:

Mother _____

Father _____

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Relationship _____ Relationship _____

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Relationship _____ Relationship _____

Parent's
Signature _____

If there is any further information you feel would be helpful to us as a staff in providing for your child, please list below: