



Little Shepherds Learning Community Pick-Up Authorization 2024-2025

Child's Name: _____ Grade _____

Parent Name: _____ Home # _____

Work# _____ Cell# _____

Parent Name: _____ Home # _____

Work# _____ Cell# _____

To ensure the safety of your child please list the names of those other than yourself who are authorized to pick up your child and their relationship to that child. Also please make sure those chosen are no further than 30 minutes away.

Name: _____ Relationship: _____

Phone #1 _____ Phone #2 _____

Name: _____ Relationship: _____

Phone #1 _____ Phone #2 _____

Name: _____ Relationship: _____

Phone #1 _____ Phone #2 _____

Name: _____ Relationship: _____

Phone #1 _____ Phone #2 _____

Please list anyone who may not pick up your child. Briefly explain why they may not pick up your child and attach any supporting documentation.

Parent/Guardian

Signature: _____ Date _____

Developing the Light in Every Child

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www.littleshepherds.org