

RECTORY SCHOOL

Children At Rectory
INFANT • TODDLER • PRESCHOOL

Authorized Escorts

CHILD'S NAME: _____ BIRTH DATE: ____/____/____

The persons listed below have my permission to pick up my child when I am unable to do so. In addition, in case of sudden illness or other emergency, which precludes my picking up my child, I/We authorize The Children At Rectory and/or The Rectory School personnel to call the person(s) listed below. She/He/They are authorized to remove my child from the premises if necessary.

Signature of Parent/Guardian: DATE _____

Name: _____ Tel. #: _____

Relationship to Child: _____

Or

Name: _____ Tel. #: _____

Relationship to Child: _____

Or

Name: _____ Tel. #: _____

Relationship to Child: _____

Or

Name: _____ Tel. #: _____

Relationship to Child: _____