

Child Pick-Up Form

The following people HAVE permission to pick-up the child named below from the Chabad of Valley Stream Preschool. (Known as Chabad for the Hebrew Speaking)

Child's First Name:	Child's Last Name:
DOB: / /	Age: Sex: Male Female

1.	2.
First Name: Last Name:	First Name: Last Name:
Address: Street, City, State, Zip Code	Address: Street, City, State, Zip Code
Driver's License #	Driver's License #
Relation:	Relation:
Phone Number:	Phone Number:

The following people MAY NOT pick-up my child(ren) from Chabad of Valley Stream Preschool. (Known as Chabad for the Hebrew Speaking)

1.	2.
First Name: Last Name:	First Name: Last Name:
Address: Street, City, State, Zip Code	Address: Street, City, State, Zip Code
Driver's License #	Driver's License #
Relation:	Relation:
Phone Number:	Phone Number:

Note: Any person unfamiliar to us may be required to show proof of identification. Please ensure that anyone whom you may send to pick up your child is included on this list. If at any time you want to add more people to the approved list, please use this form, or email chabad11581@gmail.com. This form is legally binding, so by signing it, you agree that all of the information provided herein is correct.

Father/Guardian:

Print Name: _____ Signature: _____ Date: _____

Mother/Guardian:

Print Name: _____ Signature: _____ Date: _____