

## **Pick Up Permission**

## 1733 Dad Clark Drive, Highlands Ranch CO 80126

Phone: 303-744-1069 • Fax: 303-744-1060

Child's Name				Grade	
First Child's Name		Last		Grade	
First		Last			
Child's NameFirst		Last		Grade	 
Name of Mother/Guardian _					
Name of Modier/Guardian_	First	<del></del>	Last		 
Name of Father/Guardian _					
	First	<del></del>	Last		
First person to be contacted	in case of illness or en	nergency:			
Name					
Address		_			 
Other Person to contact in e	vent of illness or emer	gency:			
Friend or Relative		Telephone Number	rs:		 
Address					 
Names of those authorized t	o pick up your child:				
Name		Telephone Numbers: _			
Address					 
Name		Telephone Numbers: _			 
Address					 
Nome		Tolombono Numbono			
NameAddress					 
Audress					
Name		Telephone Numbers			
Address					
Name		Telephone Numbers: _			
Address		_			 
Signature of Mother/Guardi	an	Date			
Signature of Father/Guardia	ın	Date			
- 6 ministration, addition					