

l,		, parent or guardian of	attend-
ing the Sonshi	ne Park Preschool	program, do hereby authorize:	
	Name		7
	Phone		
C	or		_
	Name		
	Phone		
0	or		_
	Name		
	Phone		
pick up my cl alternate pic	hild, cannot give f k-up persons are . Starting 15 min	nce. I understand, if for some unavoidable circularity instructions for alternate pick-up, and the not available, the teacher or teacher aide will sutes after scheduled class finish time, I agree to	e above authorized stay with my child
Signed:			
Name:			

