



UNDER THE
UMBRELLA TREE
EDUCATIONAL SERVICES INC

CHILD PICK-UP AUTHORIZATION

Only the following pre-authorized people shall pick up my child from Under the Umbrella Tree. If someone not named below is to pickup my child, I agree to send a signed note of consent to that effect or, I will telephone the Centre beforehand.

Name: _____

Relationship to child: _____

Phone number: _____

Alt phone #: _____

Address: _____

Name: _____

Relationship to child: _____

Phone number: _____

Alt phone #: _____

Address: _____

Name: _____

Relationship to child: _____

Phone number: _____

Alt phone #: _____

Address: _____

Parent/Guardian Signature: _____ Date: _____