

Delaware Cooperative Preschool

Authorization for Pick-up and Release

This authorization for pick-up and release is for _____.

The following persons are authorized to pick up my child and DCP may release my child to them.

Name: _____

Relationship to child: _____

Name: _____

Relationship to child: _____

Name: _____

Relationship to child: _____

As parent or guardian, I understand that the DCP Administrator, teachers and parent helpers, are not to release my child from DCP to any person other than those specified above. I understand that DCP will recognize the persons listed on this form as authorized to pick up my child from DCP until otherwise so notified of the change in writing. I agree to provide an updated form to DCP should circumstances change requiring persons to be added or deleted from the list above.

I understand that I must notify DCP in writing of any situations or circumstances related to the release of my child from DCP (such as carpool arrangements or persons who should *not* have contact with my child) so that DCP can help to ensure the safety and well-being of my child.

Parent/guardian signature

Date