



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