



# St. Catherine School

540 3rd Avenue NE  
Valley City, North Dakota 58072  
Phone 845-1453



## CHILD PICK-UP AUTHORIZATION

CHILD'S NAME (Please print) \_\_\_\_\_ Today's Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

NO ONE WILL BE PERMITTED TO PICK UP YOUR CHILD IF THEIR NAME IS NOT LISTED BELOW. **PARENTS MUST NOTIFY THE SCHOOL IF SOMEONE OTHER THAN A PARENT/GUARDIAN PICKS UP THE CHILD.** INCLUDE ALL AUTHORIZED PERSONS, EVEN IF THEY LIVE IN THE SAME HOUSEHOLD.

### THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD FROM SCHOOL

1. Parent/Guardian (please print) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Parent/Guardian (please print) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship: Grandparent Relative/Sibling Family Friend Daycare Provider

4. Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship: Grandparent Relative/Sibling Family Friend Daycare Provider

5. Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship: Grandparent Relative/Sibling Family Friend Daycare Provider



