



Please Circle One

2's Class 3's Class 4's Class

Akron Parents' Association

Nursery School

P.O. Box 135 Akron, NY 14001
716-542-9702

**Akron Parents' Association Nursery School
Pick-up & Parent of the Day Identification Form**

I, _____, give permission to the following individuals to pick up my child _____ and/or serve as Parent of the Day in my absence:

<u>Name of Individual</u>	<u>Phone Number</u>	<u>Pick-up, Parent of Day or Both</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please note: individuals listed above may be asked to present photo identification before the child is released.*

Please be aware that the following individuals MAY NOT pick up my child unless I give consent in writing to the teacher and/or board of directors:

<u>Name of individual</u>	<u>Reason: (for the safety of your child, answer will be kept confidential between teacher and board members)</u>
_____	_____
_____	_____
_____	_____