



## Pick-Up Authorization

Noah's Ark Preschool | 6455 E Ave. NW | Cedar Rapids, Iowa 52405  
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Child's Full Name: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby give permission for my child to leave the center with the following persons identified below. It is my responsibility to notify the pre-school in writing of any changes to this authorization.

Name	Relationship to child	Address	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is there any court order prohibiting contact of my child with any person?

YES \_\_\_\_ NO \_\_\_\_ If "yes", please provide photocopy of court order.

Name of person(s): \_\_\_\_\_

Name(s) of person(s) who may not pick up my child: \_\_\_\_\_

Signature(s) of Parent(s) or Guardian

\_\_\_\_\_

Date \_\_\_\_\_ For the School Year \_\_\_\_\_