

North Kossuth CSD
203 5th St. N., PO Box 567
Swea City, IA 50590

PICK-UP PERMISSION FORM

Child's Full Name: _____

I hereby give permission for my child to leave the center with the following persons named below. It is the responsibility of the parents to notify the center, in writing, of any changes.

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____
_____	_____

If there is a separation or divorce custody problems or any other problem of which we should be aware please explain: _____

Names of person/persons who may NOT pick up your child:

Date

Signature of Parent or Guardian
