

HAYLANDS PRE-SCHOOL

CONSENT FORM - PICKING UP CHILD

NAME OF CHILD

*

DATE

*

I confirm that I wish the person named below to pick up the above named child from Haylands Pre-school.

Name of person to collect

*

I also confirm that this named person will be the only person picking up the above child, until I renew the consent form.

Signed

*

Name

*

Witnesses and signed by Manager/Assistant Manager.

..... date

*

***MUST BE COMPLETED**