



Community Charter School of Paterson

APPROVED PICK UP LIST

Child's Name: _____

Grade: _____ Teacher: _____

Please list all the people that have your permission to pick up your child from school. *(To list more than five individuals, please attach another sheet to the this form and include all of the information listed below for each additional individual.)*

Name	Address	Phone No.	Relationship to Child

Please list the names of any people who **SHOULD NOT** be in contact with your child:

Name	Relationship to Child

Parent/Guardian Name (print): _____ Date: _____

Parent/Guardian Signature: _____