

Great Falls United Methodist Preschool

Authorized Student Pick-Up List

Name of student _____
(Last) (First)

Parents/Guardians _____

GFUMP assumes parents will drop-off and pick-up their child every day. If you have a caregiver, grandparent, or someone else who will be picking up your child on a regular basis, please complete the form below. For a one-day change from the regular pickup, please use the yellow Transportation Notes.

1. Name _____ Phone _____

Relationship to child: _____

___Any day (or specify:) ___Monday ___Tuesday ___Wednesday ___Thursday ___Friday

2. Name _____ Phone _____

Relationship to child: _____

___Any day (or specify:) ___Monday ___Tuesday ___Wednesday ___Thursday ___Friday

3. Name _____ Phone _____

Relationship to child: _____

___Any day (or specify:) ___Monday ___Tuesday ___Wednesday ___Thursday ___Friday

4. Name _____ Phone _____

Relationship to child: _____

___Any day (or specify:) ___Monday ___Tuesday ___Wednesday ___Thursday ___Friday

Date _____ Signature of Parent or Guardian _____