



APA Nursery School  
7 Church Street Akron, NY 14001

Please Circle One

2's Class    3's Class

## Akron Parents' Association Nursery School

### Pick-up & Parent of the Day Identification Form

I, \_\_\_\_\_, give permission to the following individuals to pick up my child \_\_\_\_\_ and/or serve as Parent of the Day in my absence:

<u>Name of Individual</u>	<u>Phone Number</u>	<u>Pick-up, Parent of Day or Both</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*\*Please note: individuals listed above may be asked to present photo identification before the child is released.*

Please be aware that the following individuals **MAY NOT** pick up my child unless I give consent in writing to the teacher and/or board of directors:

<u>Name of individual</u>	<b>Reason: (for the safety of your child, answer will be kept confidential between teacher and board members)</b>
_____	_____
_____	_____
_____	_____