



**St. Therese Nursery School  
Permission for a responsible adult (other than parent) to remove a  
child from the Program**

**Name of Child** \_\_\_\_\_

**Name of alternate pick up person** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone number with area code:** \_\_\_\_\_

**Cell phone number with area code:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**Copy of driver's license of alternate pick up person attached here:**

**Name of Child** \_\_\_\_\_

**Name of alternate pick up person** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone number with area code:** \_\_\_\_\_

**Cell phone number with area code:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**Copy of driver's license of alternate pick up person attached here:**