

The International Preschool of Warsaw
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PICK- UP AUTHORIZATION FORM

Please provide the names of persons (18 years of age or older) authorized to pick-up your child at school. If there is a change in your normal routine, please *send a note or call the Director* to verify the change.

Name of Child: _____

Class: _____

The following people have our permission to pick- up out child at school:

Babysitter: _____

Carpool: _____

Driver/Taxi: _____

Friend: _____

Relative: _____

WE WILL NOT RELEASE A CHILD INTO THE CARE OF ANY PERSON NOT LISTED WITHOUT WRITTEN PERMISSION OR AUTHORIZATION FROM A PARENT. IN ADDITION, CHILDREN WILL NOT BE RELEASED TO ANYONE UNDER THE AGE OF 18 AT ANY TIME.

Parent Signature

Date