

PERMISSION TO PICKUP FORM.

It is the parent's responsibility to notify HIS Kids Christian School of any changes.

Child's Name	DOB	Age	Sex
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1. Name: _____ DL #: _____ Relation: _____
 Address: _____ Phone: _____

2. Name: _____ DL #: _____ Relation: _____
 Address: _____ Phone: _____

3. Name: _____ DL #: _____ Relation: _____
 Address: _____ Phone: _____

The following people MAY NOT pick-up my child(ren) from HIS Kids Christian School.

1. Name: _____ DL #: _____ Relation: _____
 Address: _____ Phone: _____

2. Name: _____ DL #: _____ Relation: _____
 Address: _____ Phone: _____

Note: Any person unfamiliar to me will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

This form is legally binding, so by signing it, you agree that all of the information provided herein is correct. False Information will result in termination of contract, and you will forfeit your childcare retainer.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
HIS Kids Christian School	Date