

St. Luke's Day School
Authorization to Pick Up Addition or Deletion Form

Child: _____

Program: _____

Teachers: _____

Room #: _____

ADD:

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

DELETE:

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent Signature

Date