TUMPS
PRESCHOOL

TUMPS Preschool Approved Pickup Form

Child Information

Child's Full Name: _____

Classroom/Teacher: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Approved Pickup Individuals

1. _____ Relationship: _____ Phone: _____
2. _____ Relationship: _____ Phone: _____
3. _____ Relationship: _____ Phone: _____
4. _____ Relationship: _____ Phone: _____

Authorization

I authorize the above individuals to pick up my child from TUMPS Preschool. I understand that staff may request identification at the time of pickup for safety purposes.

Parent/Guardian Signature: _____ Date: _____