



**BOONTON PUBLIC SCHOOLS**

PRESCHOOL PROGRAM

434 LATHROP AVENUE · BOONTON · NEW JERSEY · 07005

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Dear Preschool Families,

In order to help us with the hand-to-hand dismissal process, please complete this form, so your child's teacher has the most up-to-date information. Please complete and return the form to your child's teacher on the first day of school.

Student's Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Pick up permission: Please list everyone other than yourself who you authorize to pick up your child.

By entering my name above, I authorize the following people to pick up my child. I will notify my child's teacher of any changes to this list. I understand that the preschool staff might ask for ID to verify identity.

Name: \_\_\_\_\_

Phone # \_\_\_\_\_

Name: \_\_\_\_\_

Phone # \_\_\_\_\_

Name: \_\_\_\_\_

Phone # \_\_\_\_\_

Name: \_\_\_\_\_

Phone # \_\_\_\_\_

Name: \_\_\_\_\_

Phone # \_\_\_\_\_