

# **ST. AMBROSE PRESCHOOL** **PARENTAL AUTHORIZATION**

Please list your name and your spouse's name, the names of the persons listed on your emergency contact form, all carpool drivers, and any neighbors or relatives who are authorized to pick up your child from St. Ambrose's Preschool.

---

Name of Child

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Persons NOT authorized to pick child up from school.

---

Name and Relationship

I grant permission for the following information to be made available to the St. Ambrose's Preschool community.

- ❖ Child's Name and Parents' Names
- ❖ Address
- ❖ Home Phone Number
- ❖ E-mail Address

I grant permission for my child to use all play equipment, walk around school grounds for planned activities, and to participate in all activities held at the school.

---

Signature of Parent or Guardian

---

Date