



Crossing Cooperative Nursery School Child Pick Up Permission Slip

_____ has my permission to pick up

(Driver's Name)

my child _____

(Child's name)

(Please check one):

_____ On _____.

(Write in specific date)

_____ Any time during the 2021 - 2022 school year.

Guardian signature _____

It is CCNS policy that the teachers will ask the adult for identification the first time they pick up your child. Thank you for your cooperation and if you have any questions please call the office at 215-493-2535.

(Multiple names may be added to the form)