



Crossing Cooperative Nursery School Child Pick-Up Permission Slip

_____.

has my permission to pick up

(Driver's Name and Relationship to child)

my child _____ in _____ Class.

(Child's name)

(Please check one):

_____ On _____.

(Write in specific date)

_____ Any time during the 2023 - 2024 school year.

Guardian signature _____

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

(**Multiple Driver Names may be added to this form)