



Crossing Cooperative Nursery School Child Pick-Up Permission Form

My child(ren) _____ in _____ Class
may be picked up by the below listed person(s).

1. _____
2. _____
3. _____
4. _____

(Please list above pick-up person's name and relationship to your child
or children)

(Please check one):

_____ On _____
(Write in specific date)

_____ Any time during the 2024 - 2025 school year

Guardian signature _____

Guardian printed name _____

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)**