



## 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 2025 - 2026 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)